

BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

MEETING DATE: February 15, 2006

DIVISION: COMMUNITY SERVICES

BULK ITEM: YES X NO    

STAFF CONTACT PERSON: Deloris Simpson

**AGENDA ITEM WORDING:** Approval to submit bids (applications) for Fiscal Years 4/06-12/08 Older Americans Act (OAA) Grants, III-B and III-E, Supportive Services and National Family Caregiver Services, respectively, **also IIIC1, IIIC2 (nutrition program)**

**ITEM BACKGROUND:** Funds are provided through the Alliance For Aging to provide necessary services to Monroe County's elderly population to prevent premature institutionalization. This is an ongoing grant program. **The amount of grant funds is available is not yet known, application and unit cost worksheets are attached.**

**PREVIOUS RELEVANT BOCC ACTION:** None Approval of application and contract in prior years.

**CONTRACT/AGREEMENT CHANGES:** None

**STAFF RECOMMENDATION:** Approval

**TOTAL COST:**  $\$644,637.28$   
Approx. ~~\$159,105.00~~ per year

**BUDGETED:** YES X NO      
**SOURCE OF FUNDS:** ~~OAA Contracts for~~  
~~Fiscal year 4/2006 thru 12/2008 for~~  
~~Approx. \$159,105.00 per year~~ **ad valorem**  
**taxes**

**COST TO COUNTY:** Approximately  $\$71,626.38$   
~~\$27,047.00~~ per year (Additional funding will be required to maintain services at previous years level. **County is currently contributing additional match funds.**

**REVENUE PRODUCING:** YES     NO X **AMT.PER MONTH**                       
**AMT. PER YEAR:**                     

**APPROVED BY:** COUNTY ATTY. X OMB/Purchasing X RISK MANAGEMENT X

**DIVISION DIRECTOR APPROVAL:**                     

*Sheila Barker*  
SHEILA BARKER

**DOCUMENTATION:** INCLUDED X TO FOLLOW     NOT REQUIRED    

**DISPOSITION:**                                      **AGENDA ITEM#:**

# MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

## CONTRACT SUMMARY

Contract with: Approval for RFP for the Older Americans Act (OAA) Contract for FY: 4/06-12/06

Effective Date: 02/15/2006

Expiration Date:

Contract Purpose/Description: To request approval of the Older Americans Act (OAA) Contract for FY: 4/06-12/06 grant proposal.

Contract Manager: Deloris Simpson  
(Name)

4589 Community Services/Stop 1  
(Ext.) (Department/Stop #)

For BOCC meeting on 2-15-2006

Agenda Deadline: 1-31-2006

## CONTRACT COSTS

Total Dollar Value of Contract: Approx. \$ ~~159,105.00~~ <sup>\$644,637.28</sup>

Current Year Portion: \$ \_\_\_\_\_

Budgeted? Yes ☒ No

Account Codes:

Grant: Approx. \$ 159,105.00

\$ 644,637.28

County Match: Approx. \$27,047.00

\$ 71,626.38

## ADDITIONAL COSTS

Estimated Ongoing Costs: \$ \_\_\_\_\_/yr

For: \_\_\_\_\_

(Not included in dollar value above)

(eg. Maintenance, utilities, janitorial, salaries, etc)

## CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director		Yes <input type="radio"/> No <input checked="" type="radio"/>	<u>Shelia A. Barker</u>	<u>2-10-06</u>
Risk Management	<u>2-9-06</u>	Yes <input type="radio"/> No <input checked="" type="radio"/>	<u>M. Slawls</u>	<u>2-9-06</u>
O.M.B./Purchasing		Yes <input type="radio"/> No <input checked="" type="radio"/>	<u>Shelton Applegate</u>	<u>2/9/06</u>
County Attorney	<u>2/9/06</u>	Yes <input type="radio"/> No <input checked="" type="radio"/>	<u>Samuel Pitt</u>	<u>2/9/06</u>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OAA APPLICATION FOR FUNDS**

(Please include page numbers below as they appear in the application)

**A. PROGRAM MODULE FORMATS**

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TITLE III-B SUPPORTIVE SERVICES

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ALLIANCE FOR AGING, INC.

AREA AGENCY ON AGING  
PLANNING AND SERVICES AREA 11

FOR MIAMI-DADE AND MONROE COUNTIES

Older Americans Act Program

Request for Proposal

For

Title IIIB – Supportive Services

FOR THE PERIOD OF:  
4/1/2006 – 12/31/08

JANUARY 2006

## TITLE III-B SUPPORTIVE SERVICES

V-4

PSA: 11

I.A. APPLICANT'S  
SUMMARY INFORMATION PAGEORIGINAL SUBMISSION ☒  
REVISION ☐

<b>1. PROVIDER INFORMATION:</b> Executive Director: {Name/Address/Phone}  Sheila Barker Director Community Services  Legal Name of Agency: Monroe County Board of County Commissioners  Mailing Address: GATO Building 1100 Simonton Street Key West, FL 33040  Telephone Number: [ ] 305-292-4462		<b>2. GOVERNING BOARD CHAIR:</b> {Name/Address/Phone}  Mayor Charles "Sonny" McCoy 500 Whitehead Street, Ste. 102 Key West, FL 33040 305-292-3430  Name of Grantee Agency:  <b>3. ADVISORY COUNCIL CHAIR:</b> (if applicable) {Name/Address/Phone}	
<b>4. TYPE OF AGENCY/ORGANIZATION:</b>  NOT FOR PROFIT: <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> PUBLIC  PRIVATE FOR PROFIT: <input type="checkbox"/>		<b>5. PROPOSED FUNDING PERIOD:</b> 4/1/06 - 12/31/06  A. New Applicant <input type="checkbox"/> B. Continuation <input checked="" type="checkbox"/>	
<b>6. FUNDS REQUESTED:</b>  <input checked="" type="checkbox"/> OAA Title IIIB <input type="checkbox"/> OAA Title IIIC <input type="checkbox"/> OAA Title IIIE <input type="checkbox"/> OAA Title IIIF <input type="checkbox"/> ELDERLY MEALS <input type="checkbox"/> LSP <input type="checkbox"/> CONTRACTED SERVICES  <input type="checkbox"/> ADI <input type="checkbox"/> CCE <input type="checkbox"/> HCE <input type="checkbox"/> EHEAEP <input type="checkbox"/> HCBS <input type="checkbox"/> USDA  <input type="checkbox"/> OTHER (SPECIFY)			
<b>7. SERVICE AREA:</b> <input checked="" type="checkbox"/> Single County <u>Monroe County</u> <input type="checkbox"/> Multi county: List:  Selected Communities of a County. Specify:			
<b>8. ADDRESS FOR PAYMENT OF CHECKS ITEM #:</b> <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <u>Attn: Finance Dept. - 500 Whitehead St., Key West, FL 33040</u>			
<b>9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:</b>  I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.  Name: <u>Detrich Frederick</u> Signature: <u>[Signature]</u> Title: <u>Deputy Co. Admin.</u> Date: <u>1/25/06</u>			

JANUARY 2006

## TITLE III-B SUPPORTIVE SERVICES

**II.A. GENERAL REQUIREMENTS****1. CONSUMER PROFILE**

**Provide a detailed description, in narrative form, about the consumers you intend to serve and their needs. Specific attention should be given to any unmet needs of the community or target area(s) you intend to serve.**

The projections requested are your best estimate of the percentage the total number of your consumers in each of the categories below represents of the 60+ population in the county where you plan to provide service(s). Percentages of persons to be served should be representative of the countywide ratios provided under Table 1, below. **The Older Americans Act mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals.**

	Yes	No	Percent served/to be served
60+ At Poverty Level (\$8,590)	X		7.5% / 8%
Low Income Minority <125 % of Poverty (\$10,337)	X		12% / 12.5%
60+ With Mobility & Self Care Limitation	X		6% / 6.5%
Able to Attend Senior Center	X		1% / 1.5%
Are your services currently available & accessible to consumers in the catchment area?			

Based on population data provided below.  
**Table 1. COUNTY LEVEL DATA – 2005 ESTIMATES**

County	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation
Miami-Dade <sup>1</sup>	77,712 (17.8%)	91,558 (20.9%)	36,208 (8.3%)
Monroe	1,631 (8.4%)	547 (3.1%)	635 (3.7%)
PSA-11	79,343 (17.5%)	92,105 (20.2%)	36,843 (8.1%)

**If you wish to share additional information which you believe will help the review team understand the population you serve/intend to serve, please do so by attaching additional pages as needed.**

<sup>1</sup> Total 60+ population for Miami-Dade is 436,442 and for Monroe 17,383. The total for Planning and Service Area 11 is 453,825.

	Yes	No	Percent served/to be served
60+ At Poverty Level (\$8,590)	X		14.5% / 15%
Low Income Minority <125 % of Poverty (\$10,337)	X		24.5% / 24.5%
60+ With Mobility & Self Care Limitation	X		6% / 6.5%
Able to Attend Senior Center	X		1% / 1.5%
Are your services currently available & accessible to consumers in the catchment area?	X		

Based on percentage of clients served instead of total population.

## 2. SERVICE PROFILE

**A. SERVICE CATCHMENT AREA/GEOGRAPHIC PROFILE** - Tell us about the geographic area(s) and communities your agency currently serves. Check all that apply or fill in as needed:

Service Area	Yes	No	Selected Communities in Area Indicated:
<b>1. Monroe County</b>			
Lower Keys	X		City of Key West
Middle Keys	X		City of Marathon, City of Key Colony Beach, City of Layton
Upper Keys	X		Villages of Islamorada
<b>2. Miami-Dade County</b>			
Miami Beach			
Key Biscayne			
<b>North Dade</b> North: Broward County Line South: NW 36 Street East: Atlantic Ocean West: Everglades			
<b>Central Dade</b> North: NW 36 Street South: SW 88 Street East: Atlantic Ocean West: Everglades			
<b>South Dade</b> North: SW 88 Street South: Monroe County Line East: Atlantic Ocean			

## **II. CONSUMER PROFILE DISCUSSION**

Monroe County In-Home Services program covers the entire geographic area of the Florida Keys, approximately 120 miles. Monroe County contains areas of rural and urban characteristics. The city of Key West has a population of approximately 25,000 and is very densely populated. The unincorporated areas of the County are more rural in character. As such, we serve a group of consumers who are culturally and demographically diverse. In-Home Services serve minorities, poverty level, low-income, and moderate-income people, in Key West for example, there is a high concentration of Blacks and Hispanic consumers. Because the cost of living and housing in Monroe County is the highest in the state of Florida, many people who would statistically appear as moderate income must spend such a large proportion of their funds on housing cost, (including, rents mortgages, and taxes), that their actual disposable income would equate to their being a lower-income group. In-Home Services does not include an income requirement so that we can service all eligible older adults over the age of 60. We target all consumers over the age of 60 who have the greatest social and economic need, especially low-income minorities.

The In-Home Service consumer needs are indicated through the State Department of Elder Affairs uniform assessment tool. The screening tool provides information on income, racial, ethnic, and cultural or language minority status, health condition, and generates nutrition scores, which can help with assessment and prioritization of consumers. The assessment tool allows easy identification as to critical need due to functional impairment or disability and this includes factors of inadequate housing, environment, or informal support systems. This factor, along with advanced age, living alone or with non-relatives, racial, ethnic, and cultural or language minority status, low-income, isolation, multiple ADL deficiencies, chronic medical/degenerative conditions, awaiting nursing home discharge, lack of access and recreational activities and caregiver burnout are given priority regardless of population proportion.

## **TARGETING THOSE OVER 60 IN GREATEST AND ECONOMIC NEED**

The In-Home Services program has consumers from age sixty to those in their high nineties. Many of them have been receiving OAA program services for over 20 years. Targeting objectives for the provision of low-income minority persons are based on the minority person's population in the need for service and not just in proportion to minority person's percentage of the population.

According to the 2002 Civil Rights Compliance data for Monroe County, prepared for the Florida Department of Elder Affairs, (based on 2002 census data provided by the Monroe County Growth Management Department), the cumulative average minority population figure for Monroe County, including African Americans, Hispanics, and others is 22.77%. The cumulative minority population average for consumers served by the In-Home Service program is 25%, which is higher than the county average. This shows that

efforts by this program to reach minority populations are resulting in higher levels of service for the intended populations. Of the percentage of 25% minority consumers approximately 17.5% could be classified as low-income.

## **A. GEOGRAPHIC AREA SERVED**

Monroe County, the Florida Keys, consists of a largely uninhabited mainland section mostly contained within the Everglades National Park, and a 220 – mile chain of islands extending from Key Largo in the north to the Dry Tortugas islands at the southern and western boundaries. The islands, which comprise the Keys, separate the Atlantic Ocean to the east from the Gulf of Mexico to the west. To the south, the Straits of Florida borders the Keys between the Lower Keys and Cuba.

For reference purposes, Monroe County may be viewed as consisting of the Upper Keys, roughly from Key Largo to the Whale Harbor Bridge, Middle Keys, roughly from Whale Harbor to the Seven-Mile Bridge, and the Lower Keys, roughly south of the Seven-Mile Bridge. The individual keys vary greatly in size, with Key Largo in the Upper Keys being the largest (31 square miles) and Key Haven in the Lower Keys (0.3 square miles) being the smallest. The average elevation in the Keys is four (4) to seven (7) feet above mean sea level. Generally, the Keys from Big Pine (MM 29.5-33) south have the lowest average elevation.

The “Lower Southeast Florida Hurricane Evacuation Study, 1983” describes the topography of Monroe County as follows:

“The topography of Monroe County is very distinct from that of the three counties to the north. The Florida Keys consist of an archipelago that sweeps for almost 150 miles in a southwesterly direction from southeastern Dade County. The islands that compose the Keys are typically long, narrow, and low-lying. Elevations in the Florida Keys are rarely greater than 10 feet above mean sea level and in most cases are much lower.”

In addition to its long configuration and great distance to the mainland from some location, there is only one exit route (US1) out of the county. Most of the highway consists of two-lanes and alternate routes are not available until Card Sound Road, in the Upper Keys. When exiting the Keys, the route to the mainland consists of a two-lane section of US1 referred to as the “18-mile stretch.”

As referenced in the Monroe County Comprehensive Emergency Management Plan:

“Monroe County’s highway transportation system is exceptionally unique in that a single road with connecting bridges forms the backbone of the entire county transportation network, and the sole link to the Florida mainland. United States Highway (US1) also referred to as the “Overseas Highway”, is a road which runs continuously for 126 miles from Florida City in Dade County to Key West in Monroe County. US1 is primarily a two-lane highway which is connected by 42 bridges; the bridges have a combined overall length of 119 miles.”

Because of its many geographic and logistical constraints, Monroe County is a difficult area to serve. Also due to higher cost of living and transportation, most services are more expensive. Also, because it has less land area and population than such urban areas as

Miami-Dade County expenditures for social services are spread over fewer people, resulting in a higher cost per unit for services. However, Monroe County's older adult population (27% over 55 and 20% over age 60) and its minority and poverty-level and low-income residents (previously described in the Consumer Profile Section above) are in great a need for service as other people living in District 11. In-Home Service program has historically spent at or near their OAA grant fund levels and some services maintain a waiting list of consumers needing assistance.

## **B. SERVICE CATCHMENT AREAS**

Monroe County In-Home Services, depending on the availability of funds, service the entire area.

### **1. Area (s) selected has a high concentration of elders.**

According to data from the 2002 Census and provided by the Monroe County Planning Department, the overall population of Monroe County is 79,589 permanent residents. Approximately 20% of permanent residents are over 60 years old and 27% are over 55. All three service areas in Monroe County, including the Lower, Middle, and Upper Keys covered by the Monroe County In-Home Service program include elders. Within Monroe County, the City of Key West is the largest population center in Monroe County, with a 2000 population of 25, 478 (City of Key West Planning Department). The city also has the highest percentage of aging-in-place older adults, minorities, and poverty level, and low-income residents. It is also the largest catchment area in the Keys served by the OAA programs and has the greatest number of In-Home Service program consumers.

Monroe County In-Home Services, depending on the availability of funds, is able to service all of Monroe County due to direct service staffing, in all three major areas in the Keys.

### **2. Area (s) selected is underserved or not served at all.**

Monroe County In-Home Services, depending on the availability of funds, is able to service all of Monroe County due to direct service staffing, in all three major areas in the Keys. As such, there are no areas that could be considered as under served or not served at all. In-Home Services provides direct core services to the entire county. The program has three offices throughout the Keys (Key West, Marathon, and Key Largo), from which the Direct Service Providers work. Based on availability of program funding, In-Home Services is able to identify and service all eligible consumers regardless of physical location.

### **3. Area (s) selected has a high concentration of low-income and minority residents.**



As stated in item 1. above, the City of Key West, is the largest service area in the county and has the highest concentration of ethnic groups, aging-in-place, and poverty-level and low-income residents. The Upper Keys catchment area has the second largest number of poverty level and minority residents, primarily Hispanics, in the County. In addition, the Big Pine Service area (between the Lower and Middle Keys), has the third highest concentration of low-income and poverty-level citizens. The Marathon area has a mixture of aging-in-place residents and retirees, many of who are on fixed-incomes, moved to the area in the last 10-20 years, and whose resources are decreasing over time.

Also, in the entire county, a majority of participants in the In-Home Service program live in rental housing and or mobile homes and trailers, which represent living units in Monroe County with the lowest cost for housing.

**B. TITLE III-B SERVICE GRID** - Tell us which **supportive services** you currently offer or intend to offer.

SERVICE OFFERED	FUNDED THRU OAA NOW	FUNDED THRU NON-OAA	Applied for under this RFP
<b>Center Based:</b>			
Adult Day Care	X		X
Counseling (Social Service Type)			
Counseling (Mental Health Type)			
Education			
Health Support			
Recreation			
<b>Access:</b>			
Escort			
Shopping Assistance			
Transportation			
<b>Managed Care:</b>			
Case Aide			X
Case Management (Short Term)			
Screening & Assessment			
<b>Empowerment:</b>			
Housing Improvement			
Material Aid			
Legal Assistance			
<b>In-Home:)</b>			
Chore (Simple)			
Chore (Enhanced)			
Companionship			
Counseling (Social Service Type)			

Counseling (Mental Health Type)			
Emergency Alert Response		X	X
Homemaker	X	X	X
Home Health Aide			
Personal Care	X	X	X
Telephone Reassurance			

**Note: The OAA Title Service Grid should be completed by all applicants. The Program, Services and Planning Committee and/or the Board of Directors may use the information included in the service grid when determining the funding allocations**

**C. TITLE III-C SERVICE GRID – (DOES NOT APPLY)**

**D. TITLE III-E SERVICE GRID – (DOES NOT APPLY)**



## TITLE III-B SUPPORTIVE SERVICES

**II.A.3. OAA SERVICE DELIVERY SYSTEM: (Address your agency's ability to coordinate for the provision of OAA services covered by this RFP to OAA consumers on a countywide basis or in the catchment area you intend to serve).**

Approximately 12 percent of Monroe County's elderly live with incomes below poverty level. Specific efforts are made to identify our services to this group throughout Monroe County. The majority of these are living in the city or county low-income housing projects. We are also aware of the areas throughout the county where other older residents reside that are readily identified as low income. Public speaking is provided by staff at the meetings conducted within the housing groups, and in areas where public sponsored groups often meet. In addition, brochures are distributed to all housing sites. In public and private appropriate businesses throughout the county. Radio and television public service announcements are provided. Staff are frequent guest on media "Talk shows and on-going announcements of program services available are shown on our closed circuit television Channel 76. Churches in every community are made knowledgeable of programs and brochures as well as posters are provided for display. Consumer's needs are indicated through the State Department of Elder Affairs uniform assessment tool, which allows easily identification as to critical need due to functional impairment or disability and this includes factors of inadequate housing, environment or informal support systems. This factor along with advanced age, living alone or with non-relatives, racial, ethnic, and cultural or language minority status, low income, isolation, multiple ADL deficiencies, chronic medical/degenerative conditions, awaiting nursing home discharge, lack of access and recreational activities and caregiver burnout are given priority, regardless of population proportion.

OAA services are targeted toward the most frail, low-income minority, elderly persons over the age of 60, with the greatest socioeconomic need in a rural area. These elderly seniors have a physical or mental disability which restricts their ability to perform activities of daily living (ADL'S). Most of these consumers live alone and cannot maintain their independence without formal or informal assistance.

## TITLE III-B SUPPORTIVE SERVICES

**II.A.4. CONSUMER ELIGIBILITY PROCESS: (Explain how your program will target, identify and serve eligible OAA consumers in the identified service areas. Describe the process followed to assess, coordinate and deliver OAA services to targeted consumers.**

**Detail your agency's reporting capabilities and how these will interface successfully with the system operated by the Alliance.)**

When a consumer is screened and given a priority score, the consumer is then waitlisted for services. When funding is available, and with the approval from the Alliance for Aging, the consumer with the highest priority score is then taken off the waitlist and the In-Take process for services begins. The Case Manager conducts a home visit and a Comprehensive Assessment is completed. This assessment tool identifies valuable information about every aspect of the consumer's life. All information is collected and recorded with regards to mental and emotional well being, health and medical information, medication and nutritional status, caregiver information and environmental conditions.

With this collective information, the Case Manager then reviews with the consumer, the appropriate program in which the consumer is placed based on needs and program description. "Individuals determined to be ineligible for OAA services will be informed of their right to appeal the decision according to the established Helpline grievance and appeal policies and procedures."

"As defined under Section 430.203(7), F.S., aA.. Functionally impaired elderly person, means any person 60 years of age or older, having physical or mental limitation that restrict the ability to perform the normal activities of daily living and that impede the capacity to live independently without the provision of services. Functional impairment shall be determined through a functional assessment administered to each applicant for Older Americans Act services. The functional assessment shall be developed by the Department."

The Uniform Client Assessment Instrument was developed by the Department of Elder Affairs and is the dominant tool used by the Case Manager of the lead agency to determine a consumer's level of need and risk factor. "Risk scores obtained through use of the comprehensive assessment will rank consumers as being at high, moderate, or low risk of institutional placement." Case Managers are also trained in the referral process to help obtain goods and services both formal and informal throughout the Community. Referrals are made on the behalf of the consumer at the time of referral to Monroe County In-Home Services. Although waitlisted otherwise for formal services, consumers are referred to Home Health Agencies, Medicaid services if eligible, nutrition programs, community churches, Habitat for Humanity if needed, social organization, and adult day care is appropriate. Waitlisted consumers are re-evaluated every 6 months.

A consumer's functional level is determined primarily by the scores obtained from the Comprehensive Assessment tool. The focus being on the consumer's Activities of Daily Living (ADL'S) and the Instrumental Activities of Daily Living (IADL'S). Based on these measures, it is then possible for the Case Manager along with the consumer and if appropriate, the caregiver to develop a plan of care which helps meet the needs of the consumer formally and informally. After the initial Comprehensive Assessment, consumers are re-assessed annually and follow-up visits are conducted on a semi-annual basis. If consumer problems arise – the Case Manager will assess and address each event accordingly. Sometimes the assessment tool will be up-dated and re-evaluated based on the changes in the plan of care.

Monroe County In-Home Services is required to report consumer units of service on a monthly basis. Case Management and other OAA core services are to be entered into the "CIRTS" tracking system as mandated by the Department of Elder Affairs. Units of Service are to be entered into "CIRTS" by the 15<sup>th</sup> day of the month to report on the previous month.

## TITLE III-B SUPPORTIVE SERVICES

**II.A.5. PRIORITIZATION SYSTEM: (What measures are in place to assist consumers in the event services have to be reduced or terminated? What plans are in place for the provision of services in case of a disaster or emergency situation?)**

The waitlist for services when there is a need for a reduction or termination for services is reviewed monthly. Should there be high risk factors indicating a great need for services, and then the Director together with the Case Managers will analyze the appropriateness of increasing the capacity to render services through reduction of services to consumers deemed at a less risk. A reduction of services may also occur if the consumer becomes more self-sufficient and needs less assistance to maintain in their home. Established policy is to reduce the frequency for consumers in order to serve those with greater need. Policies are established within the department of Community Services to afford the appeals process rights of consumers. In addition, there are numerous local provider agencies that will donate services under extreme hardship circumstances and these avenues are explored by our program staff.

The termination of a consumer's case and services are determined by the Case Manager, consumer, and caregiver if one is available. These decisions are based on the consumer's frailty, functioning ability, and family or community support systems. Some examples of termination are:

1. It is not longer possible to maintain the consumer in their home.
2. The consumer has moved out of the service area.
3. The consumer may request for services to be terminated.
4. Non-payment of Co-pay.
5. Services are no longer needed.
6. The consumer may no longer be eligible.
7. Death of the consumer.

Upon termination, the consumer must be notified in writing 10 days in advance.

There are provisions in place in the event of emergency situation, aside from natural or man-made disasters. "Emergency means any sudden or unforeseen situation which requires immediate action to prevent hospitalization or nursing home placement of the consumer." Examples of the need for emergency services are: hospitalization of a spouse or caregiver, a decline in a consumer's functioning ability to perform one's ADL'S and who needs daily supervision, an imminent risk or high risk referral from the Department of Children and Families Adult Protection Services Unit.



## GRIEVANCE HEARING PROCEDURES

1. A 30 day notification of termination of services letter is sent to the client. The letter must include reasons for termination of services and a copy of Minimum Guidelines For Recipient Grievance Procedures (Attachment III).
2. If a grievance hearing is requested, there is a period of 7 days in which to respond to the request, stating date, time and location of hearing.
3. There must be 3 reviewers, (individuals who have has no involvement in the termination decision or be employed in the In-Home Service Program). This panel will be selected from the Monroe County Grievance Committee.
4. Prior to the grievance hearing, reviewers should be given ample opportunity to review both our reasons for termination and the client's reason for not being terminated. A copy of the client's file, containing the assessment and narrative will be given to all reviewers.
5. Convene the meeting, state purpose of meeting and introduce the reviewers. Make sure that someone is there to take a written record of what transpires or use a tape recorder. (If using a tape recorder, make sure that you announce that this meeting is being tape recorded).
6. The appropriate Case Manager begins the process by stating their reasons and circumstances for the termination.
7. The client will then present their reasons for not being terminated.
8. The hearing is then concluded and both sides are informed that a written decision will be forthcoming within 7 days. If the client wishes to further appeal, then the process is then delegated to the Area Agency On Aging.

## GRIEVANCE HEARING SUMMARY

Grievance hearing dated \_\_\_\_\_, in the case of client,  
\_\_\_\_\_ .

This hearing is to determine the termination of services,  
\_\_\_\_\_

from Monroe County In-Home Services.

The outcome of this hearing is:

TERMINATION: \_\_\_\_\_

NON-TERMINATION: \_\_\_\_\_

of client, \_\_\_\_\_ .

Comments to Justify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ .

Signature of Reviewer

Date

\_\_\_\_\_

\_\_\_\_\_

#### DISASTER PREPAREDNESS:

Monroe County In-Home Services maintains a Special Needs Registry for the Elderly and Disabled Adults in Monroe County. Information is updated annually on all active and potentially active consumers. This information is recorded and entered into the "Cirts" tracking system. Updates also occur on an ongoing basis due to the changing consumer conditions. Monroe County In-Home Services works closely with emergency management with respect to consumer needs. All disaster plan information is on file at the Alliance for Aging for the evacuation shelters in County and in the event of an out of County evacuation.

Monroe County In-Home Services has established protocol for complete evacuation of its Special Needs consumers. The plan begins when disaster is approaching. The consumers are notified as to the possible event of a disaster. Consumers are provided with their medications, food, water, and most important personal belongings. Transportation is provided for all registered consumers – both mobile and bedbound. In County and out of County shelters are opened and manned by local staff, the Red Cross, and volunteers from the County Health Department.

After disaster protocol is also on file at the Alliance for Aging.

lew App 2005 12/2004

# 2005 Special Needs Registry

Individuals are eligible to be registered with the Special Needs Registry if they are 60 years of age or older, frail, elderly, medically needy, and/or disabled and are not served in or by a residential facility program. Eligible clients are required to complete and sign this application as well as the HIPAA Disclosure of Information and HIPAA Privacy Act forms before they will be placed on the registry.

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Physical Address \_\_\_\_\_ Key \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Do you plan to evacuate to a public shelter? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_  
Do you need Monroe County to transport you to a shelter? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

**If you answered *no* to both of the above, you will not be registered and need only to sign the back of the form. If you answered *yes* to either or both please continue to complete the form front and back.)**  
**If you do not have a phone, you must list a neighbor's phone number that we may use to contact you.**

Nearest Mile Marker \_\_\_\_\_ Home Phone# \_\_\_\_\_ Spanish only? Y \_\_\_\_\_ N \_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

If married: Name of Spouse \_\_\_\_\_ Is Spouse registered? Y \_\_\_\_\_ N \_\_\_\_\_

Residence type (please check one): Single family home/Duplex \_\_\_\_\_ Apartment \_\_\_\_\_ Boat \_\_\_\_\_  
do \_\_\_\_\_ Campground/RV \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

Number of Pets in home: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (type & #) \_\_\_\_\_  
(NOTE: Pets of Special Needs Registry clients are eligible to, if pre-registered, accompany clients to shelter when pet-friendly sheltering is available.)

**However, arrangements must be made in advance of the client's pick-up)**

Category storm you need transportation for 1 & 2 \_\_\_\_\_ 3 or higher \_\_\_\_\_ All \_\_\_\_\_

Are you a year round resident \_\_\_\_\_ or a seasonal resident \_\_\_\_\_ Name months you are in county \_\_\_\_\_

Can you sit up and ride in a bus or van? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

Do you need a wheelchair lift? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

Do you require an ambulance for transportation? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

**If yes, you will be contacted by Emergency Medical Services to assess your condition.)**

Are you receiving home health care? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

If yes, name of agency-- \_\_\_\_\_

If you have a required caregiver, please list their name and phone number.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Total number of people that will accompany you to a shelter \_\_\_\_\_

**You must give name & phone number of a neighbor or friend that we may use for an alternate contact: This person must live in your area & must be aware that they are listed as an alternate contact!**

Name \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*TO BE FILLED OUT BY REFERRING AGENCY \*\*\*\*\*

Agency Name: \_\_\_\_\_

Location & Phone Number: \_\_\_\_\_ 25 \_\_\_\_\_

**MONROE COUNTY SOCIAL SERVICES**  
**ACKNOWLEDGEMENT OF RECEIPT OF**  
**NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices of  
Monroe County Social Services.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

SPACE BELOW SHALL BE USED ONLY BY MONROE COUNTY PERSONNEL

Monroe County Services attempted to obtain written acknowledgement of receipt of our  
Notice of Privacy Practices, but could not do so because:

- \_\_\_ Unable to communicate sufficiently to obtain acknowledgement. If this is the  
reason, the following applies:
- \_\_\_ Client speaks a foreign language and appropriate interpretation was  
unable to be provided.
- \_\_\_ Client speaks a foreign language and appropriate interpretation was  
provided but Client still could not understand the need to sign.

\_\_\_ Individual refused to sign.

\_\_\_ Individual was unable to sign due to:

- \_\_\_ Emergency Situation.
- \_\_\_ Individual has a disability preventing signing.

\_\_\_ Other. Specify: \_\_\_\_\_

\_\_\_\_\_  
Signature of County Agent, Employee

BayShore Manor  
In-Home Services  
Nutrition (Home-delivered Meals)  
**Special Needs Registry**  
Transportation (Limited)\*  
Welfare

\_\_\_\_\_  
Date

\* Limited to those clients about whom medical information is obtained

## Monroe County Shelters (revised 2003)

### Evacuation Zone 1

aries: Key West through Shark Key. Includes Stock Island and Big Coppitt.

Harvey Gov't Center - 1200 Truman Ave., Key West

GLYNN ARCHER ELEMENTARY SCHOOL - 1302 White St., Key West

### Evacuation Zone 2

aries: Saddlebunch Keys through Sunshine Key. Includes Bay Point, Sugarloaf, Cudjoe, Summerland, d, Big Pine and Bahia Honda Keys.

SUGARLOAF ELEMENTARY SCHOOL - One block N of US1 on Crane Blvd., MM19.

### Evacuation Zone 3

aries: Seven Mile Bridge through Conch Key. Includes Marathon and Key Colony Beach.

STANLEY SWITLIK ELEMENTARY SCHOOL - US1 (Gulfside) approx. MM 48.5.

### Evacuation Zone 4

aries: Long Key through Islamorada. Includes Layton and Lower Matecumbe Key.

ISLAND CHRISTIAN SCHOOL - US1 (gulfside) in Islamorada, approx. MM 83.5.

### Evacuation Zone 5

aries: Windley Key through Mile Marker 94 in Key Largo, including Plantation Key & Tavernier.

PLANTATION KEY ELEMENTARY SCHOOL - US1 (gulfside) MM90.

CORAL SHORES HIGH SCHOOL - US1 (Oceanside) Key Largo, MM 90

### Evacuation Zone 6

aries: MM 94 Key Largo to, but not including, Ocean Reef.

KEY LARGO ELEMENTARY SCHOOL - US1(Oceanside) Key Largo, MM 105.

ST JUSTIN CATHOLIC CHURCH - US1 (Gulfside) Key Largo, MM 105.5.

### Evacuation Zone 7

aries: Ocean Reef Club

Use Dade County Shelters ( See Below)

### When Evacuating to Dade County

: County residents seeking public shelter in Dade County should take the FI Turnpike Extension from FI  
ida International University (F.I.U.) at the US 41/SW 8th St. Exit (MM25X). See map below. This is  
cially designated location to provide shelter for Monroe County residents. Do not report to other Dade  
shelters as they may not be open. IMPORTANT: Bring items with you as shown in "What to bring to a

entering Dade County, turn your radio to station WIOD (670 AM) or WFLC (97.3F) to receive emergency

Monroe County In-Home Services works closely with Monroe County Emergency Management in order to provide the best service to our clients in the event of an emergency.

- **Prepare** – Monroe County In-Home Services provides an opportunity to each client, to be part of the Monroe County Special Needs Registry. Each client that resides in individual homes will be provided with assistance for shuttering their property, as well as the purchase of hurricane supplies.
- **Response** – In the event of an emergency situation in the county (i.e., hurricanes), Monroe County In-Home Services staff will assist residents with packing preparations (those whom are electing to evacuate). Assistance in the purchase of supplies will be provided to those clients whom choose not to evacuate. Each client will be contacted by Monroe County In-Home Services to obtain information regarding clients desire to evacuate. If client agrees to evacuate, transportation arrangements and time of pick up will be established at that time.
- **Recovery** – All clients will be contacted once the emergency situation is over, to ensure that each person is safe, and to determine whether there are any immediate needs. During the client contact the following information will also be obtained:
  - Condition of their residence (any possible structural damage, roof damage, etc.)
  - Have they been displaced?
  - Food and water situation (any client without sufficient food and water will be given immediate attention).
  - Medication status (anyone in the need of medication will become a priority issue to be addressed).

## SPECIAL NEEDS

In the event of an emergency or disaster, Monroe County Social Services offers evacuation transportation to shelters for elderly and disabled citizens, who cannot drive themselves and are unable to evacuate with family or friends.

As a first course of action we recommend seeking shelter from friends, neighbors or family members in a hurricane or other disaster. Public shelters are a last resort for those who have nowhere else to go. If you cannot drive yourself, or have no family, friends or neighbors you can depend on to evacuate with, you should register for this service.

## HOW IT WORKS

When someone applies to be placed on the Special Needs registry:

They are contacted when a hurricane or other disaster threatens Monroe County and given information on the County's evacuation plan.

In a category 1 or 2 hurricane the client is transported to a local "Special Needs" shelter.

In a category 3, 4 or 5 hurricane, the client is evacuated to the "Special Needs" shelter which is located at Florida International University in Miami.

The clients are returned to their homes once the authorities have given the "all-clear".

## SPECIAL NEEDS REGISTRY

To register or for further details:

**By Phone:** 305-292-4591

**By Fax:** 305-292-4411

**At our Website:**

<http://www.co.monroe.fl.us/>

**By Email:**

[specialneedsregistry@monroecounty-fl.gov](mailto:specialneedsregistry@monroecounty-fl.gov)

**By Mail or In Person:**

Monroe County Social  
Services Office - KW  
1100 Simonton St.  
Key West, FL 33040

**Or In Person:** At either of the following two Social Services branch offices:

Marathon - 490 - 63<sup>rd</sup> Street

Plantation Key - 88820 Overseas Hwy





**Monroe County and the Fabulous Florida Keys**  
*Southernmost County in the United States*

Key West

Big Pine and Lower Keys

Marathon

Islamorada

## Emergency Management

**William A. Wagner Jr.**  
**Senior Director**  
 490 63rd Street, Suite 150  
 Marathon, FL. 33050  
 Phone: (305)289-6018  
 Fax: (305)289-6333



### Staff

**Irene Toner**  
 Director  
 (305)289-6065

**Thomas J. Stufano**  
 Administrator  
 (305)289-6325

**Jerald L. O'Cathey**  
 Planner  
 (305)289-6012

**Tom Cullen**  
 Radiological Emergency  
 Preparedness (305)289-  
 6019

**Important Links:**  
[EOC Situation Report](#)  
[Hurricane Information](#)  
[2004 Hurricane Season](#)  
[SARS Information](#)  
[Public Safety Division](#)



### Hurricane Preparedness

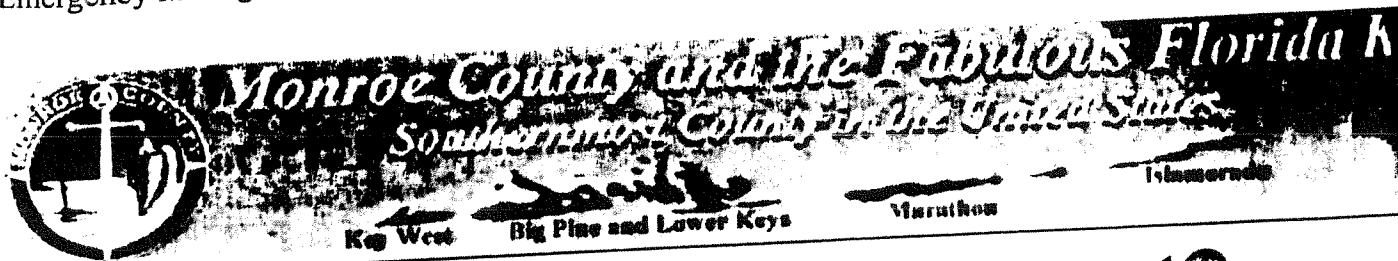
#### Mission:

Monroe County Emergency Management provides planning and preparedness for, and coordination of response activities to events which threaten the health and safety of Monroe County residents and visitors, and which may damage property and affect the economy within the County. These events include: hurricanes, tornadoes, terrorist activities, waterspouts, mass immigration, hazardous materials accidents, large fires, air crashes, civil disorders, a possible accident at the FP&L Nuclear Power Plant or nuclear attack.

To accomplish this mission and to help protect the lives and property of residents and visitors of Monroe County, Emergency Management works closely with local fire-rescue and law enforcement agencies, as well as state, federal, and private agencies, in all phases of emergency management; preparedness, response, recovery, and mitigation.



Special Needs Registry



## Emergency Management

490 63rd Street, Suite 150  
Marathon, FL. 33050  
Phone: (305)289-6018



### EM Staff

**Irene Toner**  
Director  
(305)289-6065

**Jerald L. O'Cathey**  
Planner  
(305)289-6012

**Tom Cullen**  
Radiological Emergency  
Preparedness (305)289-6019

**Important Links:**  
[EOC Situation Report](#)  
[Hurricane Information](#)  
[2003 Hurricane Season](#)  
[SARS Information](#)  
Public Safety Division

### Links

[Related](#)

[Links](#)

[Weather Links](#)

[Special Needs](#)  
[Registry](#)



**Preparedness** includes planning and training both responders and the public in issues related to all types of natural and man-made disasters. Examples include the Monroe County Comprehensive Emergency Management Plan (CEMP); a document that provides the framework for local officials to respond to any type of large scale emergency event. Rather than being "event-specific" such as a "hurricane plan", the CEMP is intentionally flexible to make it adaptable to any type of emergency. It details responsibilities of County Officials, as well as those of county, city, private and state agencies, and the roles that each are expected to fulfill. The CEMP also includes annexes and standard operating procedures to guide responses to hurricanes, terrorist attacks, and radiological events.

Other preparedness activities include emergency response exercises like this counter terrorism exercise conducted at Marathon High School, and the "Hurricane Sharky Exercise" conducted by students of Sugarloaf school as a science and social studies education activity, and exercises to test the plans for hospital evacuations during hurricanes.

**Response** activities include emergency first-response to everything from accidents or single-structure fires, to county-wide (or regional) response of dozens of agencies to a hurricane or other large scale event.

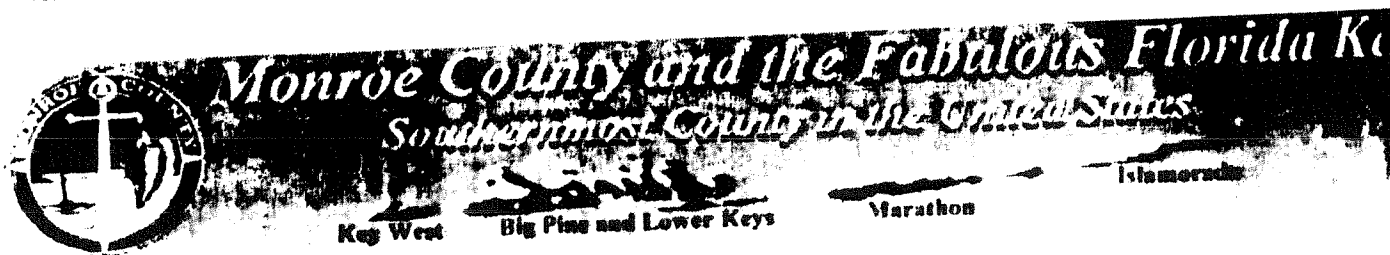
**Recovery** quite simply could be defined as "picking up the pieces" after a disaster. It can often be divided into short-term and long-term recovery. Activities in the recovery phase vary greatly depending on the size and type of a disaster, and include immediate care for displaced residents, such as feeding and sheltering persons whose homes may have been damaged or destroyed in a hurricane, facilitation and provision of



## **Hurricane Preparedness**

financial assistance, and of course clean up and rebuilding. Recovery activities are also important in the private sector, as restoring business function is important for people to be able to return to work quickly to minimize the physical, emotional, and economic disruption to their lives.

**Mitigation**, both the last phase and first phase of the emergency management cycle, includes performing activities that will reduce or eliminate the threat to our safety and property posed by various disasters. Mitigation activities can be complex, such as elevating your home or business when rebuilding after a hurricane, or it can be as simple as acquiring shutters for your windows before a storm arrives to prevent wind damage to your home. Training and awareness can be considered both a mitigation and a preparedness activity, because the more information you have about a potential emergency, the more likely you are to be able to take steps to reduce the threat of that emergency to you, your family, and your home. The most basic mitigation activity a family can have is a simple plan; know where you will go, what you will have to do, and how you will return home from any disaster such as a fire in your home, a hazardous material accident, or a hurricane. Local Mitigation Strategy.



## Monroe County Special Needs Registry

### Important Links:

[Hurricane Preparedness Page](#)  
[Monroe County Shelters](#)  
[Community Services](#)

### Special Topic:

### State of Florida Emergency Management Act

#### Florida Statute 252.355 - Registration of disabled citizens; notice

(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical and mental handicaps, each local emergency management agency in the state shall maintain a registry of disabled persons located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs.

### Evacuation and Sheltering Information

Monroe County Social Services offers evacuation transportation to elderly and disabled citizens in the event of an emergency or disaster. You must register with Social Services for this service.

#### Click on links below to register:

[Instructions for completing forms](#)

[Printable application form](#)

[SS Form 1](#) | [SS Form 2](#) | [SS Form 3](#)

Best Viewed In PDF. Form



Please submit signed/completed forms to Social Services Department

You should seek help or shelter from friends, neighbors, or family in a hurricane or other disaster. Public shelters should be a last resort for those who have no other choice. If you have to go to a public shelter, try to ride

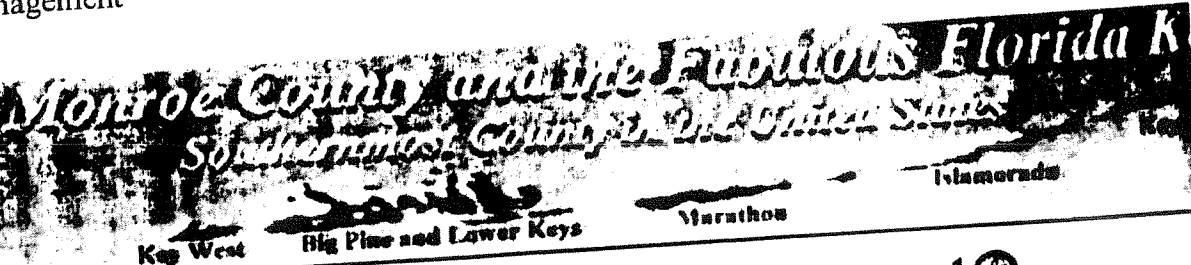
with friends, neighbors, or family if you cannot drive yourself. If Social Services transports you in a category three, four, or five storm, we will pick you up at your home, and take you to a "staging area" where you will get on a school bus to ride to Miami. In a category one or two storm, you will be taken directly to a local shelter.

Please remember that space and supplies are limited at public shelters. Very few comforts will be available. The only bedding available may be blankets and sheets. If you need special foods, you should bring a couple days supply of food that will not spoil. It may be several hours before shelters are fully supplied. Please see "What to Bring to a Shelter"

If you have registered with Social Services and requested transportation assistance, you will be contacted by phone in advance of evacuation. When we call, you will need to decide whether you will be evacuating and let us know at that time. We will not be able to call you back. If you decide to evacuate, we will give you an approximate time we expect to pick you up. You must have your belongings and supplies packed and ready to go.

***Anna M. Haskins, Special Needs Coordinator  
Monroe County Transportation Program***

***Lower Keys:  
1100 Simonton Street, Rm 1-180  
Key West, FL 33040  
292-4591 (All Keys)***



## Emergency Management

490 63rd Street, Suite 150  
Marathon, FL. 33050  
Phone: (305)289-6018



### EM Staff

**Irene Toner**  
Director  
(305)289-6065

**Marlisa Clohery**  
Admin. Asst.  
(305)289-6018

**Jerald L. O'Cathey**  
Planner  
(305)289-6012

**Tom Cullen**  
Radiological Emergency  
Preparedness (305)289-6019

### Important Links:

[EOC Situation Report](#)  
[Hurricane Information](#)  
[2003 Hurricane Season](#)  
[SARS Information](#)  
[Public Safety Division](#)

### Links

[Related Links](#)

## Local Mitigation Strategy

The Local Mitigation Strategy (LMS) is a plan that seeks to reduce or eliminate, where possible, damage due to storm or other disaster events before they occur. The primary mechanism in the development and implementation of the Mitigation Strategy is the Local Mitigation Strategy Committee. The LMS Committee is made up of various county, state, municipal officials, as well as representatives from concerned private and non-profit agencies. Working together to represent all interests in the community, the LMS Committee identifies potential mitigation projects, such as retrofitting existing buildings so they may be used as hurricane shelters, prioritizes such projects, and, together with officials from the State Department of Community Affairs, oversees their completion. Limited funding is made available from the State of Florida, with the goal of reducing potential economic losses by building disaster resistant communities. The Local Mitigation Strategy is closely related to the County's Comprehensive Emergency Management Plan in that mitigation and preparedness are integral steps in overall emergency management.

The Florida Alliance for Safe Homes - FLASH, Inc., is a non-profit, public / private coalition dedicated to promoting and encouraging family and home safety and mitigation. For information on how to protect your home and family from hurricanes and other disasters, contact FLASH toll free at 221-SAFE, or visit their website at <http://www.flash.org/>.

Anyone interested in Monroe County's Local Mitigation Strategy process is encouraged to contact the Monroe County Department of Emergency Management at (305) 289-6018.

### TITLE III-B SUPPORTIVE SERVICES

#### **II.A.6.a. EXTERNAL QUALITY ASSURANCE – CLIENT SATISFACTION:**

**(Describe process followed to determine consumer satisfaction, address consumer concerns and implement needed changes.)**

Case Managers conduct personal interviews with the consumers at the time of reassessment, annually and semi-annually. Consumer satisfaction surveys are mailed out with a quarterly newsletter and Co-payment schedule – with a returned self-addresses envelope furnished. Each response is reviewed by the Project Director and the Direct Service Provider Supervisor and any problems are resolved. Consumer complaints as well as comments of praise are recorded in the Active Consumer Service Notebook, which is located in the Key West office. These comments, both negative and positive are discussed with the direct service providers monthly.

**MONROE COUNTY IN HOME SERVICES**  
**GATO Building**  
**1100 Simonton Street**  
**Room 1-196**  
**KEY WEST FL 33040**

**Key West: 305-292-4583**

**Marathon: 305-289-6324**

In Home Services Client:

We are pleased to provide you with our services. We need your help to ensure that we do the best for our clients. You take a few moments to let us know how your services help you to remain independent. Your evaluation of services is vital and appreciated. Please know that you will not be identified with your answers. Thank you for your time and assistance to us.

Sincerely,

*Simpson*, Senior Administrator

Print Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_  
 you live in the: Lower Keys \_\_\_\_\_ Middle Keys \_\_\_\_\_ Upper Keys \_\_\_\_\_  
 This survey is being answered by (Please check the appropriate response):  
 Client \_\_\_\_\_ Caregiver \_\_\_\_\_ Client and Caregiver \_\_\_\_\_ Other \_\_\_\_\_

Please check all of the In Home services you receive or have received:  
 Case Management \_\_\_\_\_ Chore \_\_\_\_\_ Homemaking \_\_\_\_\_ Meals \_\_\_\_\_ Personal Care \_\_\_\_\_ Respite \_\_\_\_\_

Please respond to each of the questions below by circling the single number which **best** reflects your opinion about your recent experience with In Home Services care.

Very Satisfied 4 = Satisfied 3 = Neutral 2 = Dissatisfied 1 = Very Dissatisfied 8 = Does Not Apply

How satisfied were you with the information you received about:

- |                                       |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|
| a. Your rights and responsibilities?  | 5 | 4 | 3 | 2 | 1 | 8 |
| b. The development of your care plan? | 5 | 4 | 3 | 2 | 1 | 8 |
| c. Community resources available?     | 5 | 4 | 3 | 2 | 1 | 8 |

How satisfied are you with services you receive from any of the following staff?

- |                  |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|
| a. Case Manager  | 5 | 4 | 3 | 2 | 1 | 8 |
| b. Chore         | 5 | 4 | 3 | 1 | 1 | 8 |
| c. Homemaker     | 5 | 4 | 3 | 2 | 1 | 8 |
| d. Meals         | 5 | 4 | 3 | 2 | 1 | 8 |
| e. Office Staff  | 5 | 4 | 3 | 2 | 1 | 8 |
| f. Personal Care | 5 | 4 | 3 | 2 | 1 | 8 |
| g. Respite       | 5 | 4 | 3 | 2 | 1 | 8 |

Overall, how satisfied are you with the care planning and service provided by our program.

5 4 3 2 1 8

If you have ever called our In Home Services offices, how satisfied were you with the information or assistance you received?

5 4 3 2 1 8

If a family member or friend needed in home support services, would you recommend our services to them?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

We would appreciate any suggestions or comments you may have about the services provided by our program. Feel free to write on the back of this page.



TITLE III-B SUPPORTIVE SERVICES

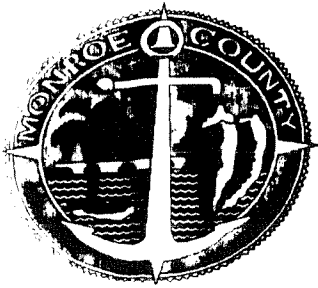
**II.A.6.b. INTERNAL QUALITY ASSURANCE – INTERNAL EVALUATION**

**PROCESS:** (Describe internal methods to assure delivery of quality services by the applicant's staff. Attach a copy of the most recent pre-service and in-service training plans for your staff, subcontractors and volunteers.)

Direct Service Providers are given a pre-training period at time of hire – and all staff must attend a mandatory training monthly. All problems are addressed on an ongoing basis. See attached training.

All Case Managers are trained as mandated by the Department of Elder Affairs on the Comprehensive Assessment and Care Plan Training, along with Co-payment schedules.

The Direct Service Provider Supervisor makes unannounced home visits to ensure the quality of service performed as well as consumer satisfaction. The monitoring and training of the core services providers is monthly and ongoing. See attached training.



## MONTHLY TRAINING DOCUMENTATION

### TRAINING SUMMARY

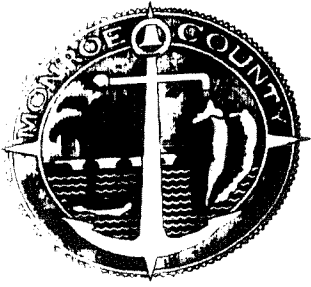
DATE: 3-4-05

JOB TRAINING TOPIC: What can I say? Communication Skills

DISCUSSION TOPIC(S): Open

### ATTENDANCE

	NAME	SIGNATURE
1.	Traci Adkins	<u>Traci Adkins</u>
2.	Dotti Albury	<u>Dotti Albury</u>
3.	Henry Arroyo	<u>Henry Arroyo</u>
4.	Norma Edwards	<u>N. Edwards</u>
5.	Bernadette Godlewski	<u>Bernadette Godlewski</u>
6.	Wanda Lee	<u>Wanda Lee</u>
7.	Bonnie Soldo	<u>Bonnie Soldo</u>
8.	Connie Teate	<u>Sick</u>
9.	Lee Tipperman	<u>unavailable</u>



## MONTHLY TRAINING DOCUMENTATION

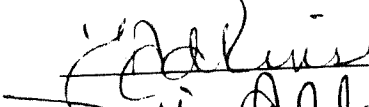
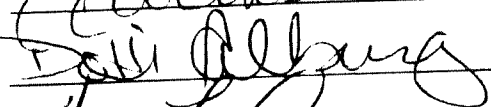
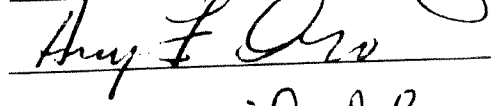
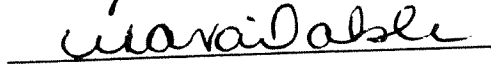
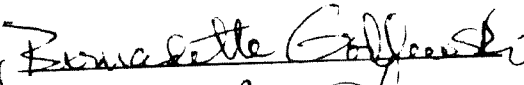
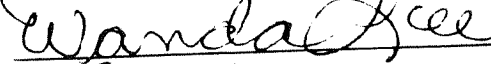


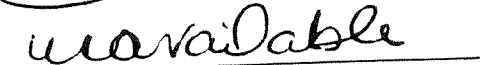
### TRAINING SUMMARY

DATE: 4-1-05

JOB TRAINING TOPIC: Working with the Elderly and Stress Management

DISCUSSION TOPIC(S): Open

### ATTENDANCE

	NAME	SIGNATURE
1.	Traci Adkins	
2.	Dotti Albury	
3.	Henry Arroyo	
4.	Norma Edwards	
5.	Bernadette Godlewski	
6.	Wanda Lee	
7.	Bonnie Soldo	
8.	Connie Teate	
9.	Lee Tipperman	

**TITLE III-B SUPPORTIVE SERVICES**

**III.A. REPORTING: (Describe the concrete steps your agency intends to follow in order to provide for accurate and timely entry and transmittal of all service and consumer specific information in the CIRTS database. Describe what security measures are in place to address confidentiality and consumer-specific information. Address data integrity issues by describing the steps to be followed in order to obtain data back-up and retention.**

The Department of Elder Affairs required that all units of service be recorded and reported monthly in the “CIRTS” consumer information and tracking system. Reports are entered into the system by the 15<sup>th</sup> of each month for the prior month.

The tracking information that is entered into the system reports on the following categories:

1. Consumer Demographics
2. Consumer Program Enrollment
3. Consumer Assessment Information
4. Consumer Care Plan Information
5. Consumer Services

The “CIRTS” system is set up to allow proper storage, security, and preservation of confidential documents. All consumer information is protected by regular maintenance that includes back up and retention of electronic data.

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOE is being addressed):

#2

AGE IN PLACE

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO PREVENT / DELAY PREMATURE NURSING HOME PLACEMENT

**STRATEGIES/ACTION STEPS** (That will support

1. TO PROVIDE INITIAL AND ANNUAL ASSESSMENTS TO PROVIDE IN-HOME SERVICES. TARGET DATE - ANNUALLY
2. CASE MANAGERS WILL MAKE THE NEEDED APPROPRIATE REFERRALS INTO THE COMMUNITY FOR ADDITIONAL RESOURCES. T.D.-ONGOING
3. TO REFER CONSUMERS TO THE NUTRITION PROGRAM. T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF MOST FRAIL ELDERS WHO REMAIN AT HOME OR IN THE COMMUNITY INSTEAD OF GOING INTO A NURSING HOME.

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742 UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLLED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006.

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

#3

TO AGE WITH SECURITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO PROVIDE PROMPT AND APPROPRIATE SERVICES TO ELDERS REFERRED FROM ADULT PROTECTIVE SERVICES WHO MEET THE FRAILTY LEVEL CRITERIA.

**STRATEGIES/ACTION STEPS** (That will support

1. TO ASSIST AND PROVIDE APPROPRIATE NEEDED SERVICES TO CONSUMERS WHO ARE AT RISK WITHIN 72 HOURS OF DCF REFERRAL. T.D.-ONGOING
2. TO MAKE THE NEEDED APPROPRIATE REFERRALS FOR COMMUNITY RESOURCES. T.D.-ONGOING.
3. TO FACILITATE STAFFINGS WITH DCF ON ISSUES OF CONSUMER PROBLEMS - SOLVING. T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF ADULT PROTECTIVE SERVICES (APS) REFERRALS WHO ARE IN NEED OF IMMEDIATE SERVICES TO PREVENT FURTHER HARM WHO ARE SERVED WITHIN 72 HOURS.

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 15 UNITS OF SERVICE OF CASE MANAGEMENT FOR 1 CONSUMER PER MONTH AS CONTRACTED WITH DCF DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 1, 2006.

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOE is being addressed):

#4

TO AGE WITH SECURITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO USE LONG-TERM CARE RESOURCES IN THE MOST EFFICIENT AND EFFECTIVE WAY.

**STRATEGIES/ACTION STEPS** (That will support

1. TO REFER ELIGIBLE CONSUMERS TO THE MEDICAID WAIVER PROGRAM WHEN FUNDING IS AVAILABLE. T.D.-ONGOING
2. TO REVIEW CARE PLAN COST ANNUALLY AND SEMI-ANNUALLY. T.D.BI-AN
3. TO REFER CONSUMER TO AVAILABLE COMMUNITY RESOURCES. T.D.ONGOIN

**OUTCOME** (Select the appropriate outcome measure):

AVERAGE MONTHLY SAVINGS PER CONSUMER FOR HOME AND COMMUNITY-BASED CARE VERSUS NURSING HOME CARE FOR COMPARABLE CONSUMER GROUPS.

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742 UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLLED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006.

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOEA is being addressed*):

#5

TO AGE IN AN ELDER-FRIENDLY ENVIRONMENT

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

TO HELP ELDERS TO HAVE HOME ENVIRONMENTS THAT ARE AS SAFE AS POSSIBLE.

**STRATEGIES/ACTION STEPS** (That will support

1. REFER CONSUMERS TO HABITAT FOR HUMANITY FOR NEEDED ENVIRONMENTAL MODIFICATIONS. T.D.-ONGOING
2. TO ASSESS CONSUMER'S LIVING CONDITIONS ANNUALLY AND SEMI-ANNUALLY. T.D.-BI-ANNUALLY
3. TO ADVISE CONSUMERS ON ASSISTIVE DEVICES SUCH AS GRAB BARS, RAMPS, SMOKE DETECTORS, AND SAFETY EQUIPMENT. T.D.-ONGOING

**OUTCOME** (*Select the appropriate outcome measure*):

PERCENT OF ELDERS ASSESSED WITH HIGH OR MODERATE RISK ENVIRONMENTS WHO IMPROVED THEIR ENVIRONMENT SCORE.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742 UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLLED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006



## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

#6

TO AGE WITH DIGNITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO IMPROVE THE NUTRITIONAL STATUS OF ELDERS

**STRATEGIES/ACTION STEPS** (That will support

1. REFER CONSUMERS TO THE NUTRITION PROGRAM. T.D.-ONGOING
2. PROVIDE CONSUMERS WITH HOMEMAKING (SHOPPING). T.D.-DAILY
3. REFER CONSUMERS TO DCF FOR FOOD STAMPS WHEN APPROPRIATE.  
T.C.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF NEW SERVICE RECIPIENTS WITH HIGH-RISK NUTRITION SCORES WHOSE NUTRITIONAL STATUS IMPROVED.

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 4,400 UNITS OF SERVICE OF HOMEMAKING TO 119 CONSUMERS ENROLLED IN THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOE is being addressed):

#7

TO AGE WITH DIGNITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO ASSIST ELDERS TO MAINTAIN THEIR INDEPENDENCE AND CHOICES  
IN THEIR HOMES AS LONG AS POSSIBLE

**STRATEGIES/ACTION STEPS** (That will support

1. PROVIDE NEW CONSUMERS WITH A COMPLETE COMPREHENSIVE ASSESSMENT. T.D.-ANNUALLY
2. PROVIDE CONSUMERS WITH PERSONAL CARE AND HOMEMAKING SERVICES.
3. TO REFER AND PROVIDE CONSUMERS WITH ASSISTIVE DEVICES WHEN APPROPRIATE AND NEEDED. T.D.-DAILY/ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF NEW SERVICE RECIPIENTS WHOSE ADL ASSESSMENT SCORE  
HAS BEEN MAINTAINED OR IMPROVED.

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 6,430  
UNITS OF SERVICE OF PERSONAL CARE TO 30 CONSUMERS ENROLLED  
DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOE is being addressed):

#8

TO AGE WITH DIGNITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO ASSIST ELDERS TO MAINTAIN THEIR INDEPENDENCE AND CHOICES  
IN THEIR COMMUNITIES AS LONG AS POSSIBLE.

**STRATEGIES/ACTION STEPS** (That will support

1. PROVIDE NEW CONSUMERS WITH A COMPLETE COMPREHENSIVE  
ASSESSMENT. T.D.-ANNUALLY
2. PROVIDE CONSUMERS WITH PERSONAL CARE AND HOME MAKING.T.D.DAILY
3. TO REFER AND PROVIDE CONSUMERS WITH ASSISTIVE DEVICES  
WHEN APPROPRIATE AND NEEDED. T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF NEW SERVICE RECIPIENTS WHOSE IADL ASSESSMENT SCORE  
HAS BEEN MAINTAINED OR IMPROVED

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 9,465  
UNITS OF SERVICE OF HOME MAKING TO 50 CONSUMERS ENROLLED DURING  
THE PERIOD OF APRIL 1,2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOE is being addressed):

#9

TO AGE WITH SECURITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO PROVIDE CAREGIVERS WITH ASSISTANCE / RESPITE TO HELP THEM TO BE ABLE TO CONTINUE PROVIDING CARE.

**STRATEGIES/ACTION STEPS** (That will support

1. TO PROVIDE CAREGIVERS WITH RESPITE SERVICES. T.D.-DAILY
2. TO PROVIDE ADULT DAY CARE FOR THE RELIEF OF THE CAREGIVER. T.D.-DAILY
3. TO REFER CAREGIVERS TO LOCAL SUPPORT GROUPS. T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF FAMILY AND FAMILY-ASSISTED CAREGIVERS WHO SELF-REPORT THEY ARE VERY LIKELY TO PROVIDE CARE. PERCENT OF CAREGIVERS WHOSE ABILITY TO PROVIDE ARE IS MAINTAINED OR IMPROVED AFTER ONE YEAR OF SERVICE INTERVENTION (AS DETERMINED BY THE CAREGIVER AND THE ASSESSOR).

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 4,283 UNITS OF SERVICE OF RESPITE TO 9 CONSUMERS ENROLLED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

#10

TO AGE IN PLACE

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO LEVERAGE A VARIETY OF NON-STATE RESOURCES WHENEVER POSSIBLE

**STRATEGIES/ACTION STEPS** (That will support

1. TO REFER OAA CONSUMERS WHO ARE ELIGIBLE FFOR THE MEDICAID WAIVER PROGRAM WHEN FUNDS ARE AVAILABLE T.D.-ONGOING
2. AS PER DOEA - LEVERAGING TIME FOR OAA CONSUMERS TO MEDICAID WAIVER PROGRAM IS 2.8 MONTHS. T.D.-ANNUALLY
3. REFER ACTIVE MEDICAID WAIVER CONSUMERS TO THE HOME HEALTH AGENCIES FOR FURTHER ASSISTANCE. T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

AVERAGE TIME IN THE OLDER AMERICANS ACT PROGRAM FOR MEDICAID WAIVER PROBABLE CUSTOMERS

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742 UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLDED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

#11

TO AGE IN AN ELDER-FRIENDLY ENVIRONMENT

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO PROVIDE PROMPT AND APPROPRIATE SERVICES TO ELDERS ARE AT RISK OF NURSING HOME PLACEMENT

**STRATEGIES/ACTION STEPS** (That will support

1. TO FACILITATE STAFFING WITH DCF ON APS REFERRALS, T.D.-ONGOING
2. TO PROVIDE CONSUMERS WITH DIRECT CARE SERVICES. T.D.-DAILY
3. TO REFER CONSUMERS TO ALL AVAILABLE COMMUNITY RESOURCES.  
T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF CONSUMERS WHO ARE AT IMMINENT RISK OF NURSING HOME PLACEMENT WHO ARE SERVED WITH COMMUNITY-BASED SERVICES

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742 UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLLED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOE is being addressed):

#15

TO AGE WITH SECURITY

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO ACHIEVE ANNUAL CO-PAY GOAL ESTABLISHED FOR THE PSA

**STRATEGIES/ACTION STEPS** (That will support

1. TO REVIEW CO-PAY SCHEDULES AT THE TIME OF ASSESSMENT AND RE-ASSESSMENT. T.D.-BI-ANNUALLY
2. TO ENSURE THE COLLECTION OF ALL CO-PAYMENT. T.D.-ONGOING
3. TO TERMINATE ANY CONSUMER WHO DOES NOT ADHERE TO THE CO-PAY SCHEDULE IN A TIMELY MANNER. T.D.-ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF CO-PAY GOAL ACHIEVED.

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742 UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLLED DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

#16

TO AGE WITH PURPOSE

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO MAINTAIN ACCURATE DATA IN CONSUMER INFORMATION REGISTRATION  
AND TRACKING SYSTEM (CIRTS)

**STRATEGIES/ACTION STEPS** (That will support

1. TO PROVIDE ACCURATE TURNAROUND REPORTS TO THE CASE MANAGER.  
T.D.-DAILY
2. TO ENSURE THAT DATA ENTRY ERROR BE KEPT TO A MINIMUM T.D.ONGOING
3. TO REVIEW "CIRTS" ERRORS WITH THE CONTRACT MANAGER T.D. ONGOING

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF CIRTS DATA ENTRY ERROR RATE

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742  
UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS DURING THE  
PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006



## IV.A. OUTCOME /OUTPUT MEASURES

*Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.*

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

#17

TO AGE WITH PURPOSE

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

TO EFFECTIVELY MANAGE STATE AND FEDERAL FUNDS AWARDED IN AREA  
AGENCY CONTRACTS FOR CONSUMER SERVICES

**STRATEGIES/ACTION STEPS** (That will support

1. TO REVIEW CARE PLAN COST SEMI-ANNUALLY. T.D.-BI-ANNUALLY
2. TO REFER TO COMMUNITY SERVICES WHEN POSSIBLE AND APPROPRIATE
3. TO REVIEW BUDGET SPENDING.  
T.D.- ONGOING/MONTHLY

**OUTCOME** (Select the appropriate outcome measure):

PERCENT OF STATE AND FEDERAL FUNDS EXPENDED FOR CONSUMER SERVICES

**OUTPUT** (Submit your projection for achievement of the stated performance standard):

MONROE COUNTY IN-HOME SERVICES WILL PROVIDE A TOTAL OF 1,742  
UNITS OF SERVICE OF CASE MANAGEMENT TO 141 CONSUMERS ENROLLED  
DURING THE PERIOD OF APRIL 1, 2006 - DECEMBER 30, 2006

# Monroe County In Home Services Organizational Chart

Board of County Commissioners

County Administrator

Community Services

Dee Simpson  
Senior Administrator

Vacant

Henry Arroyo  
Case Manager

Vacant

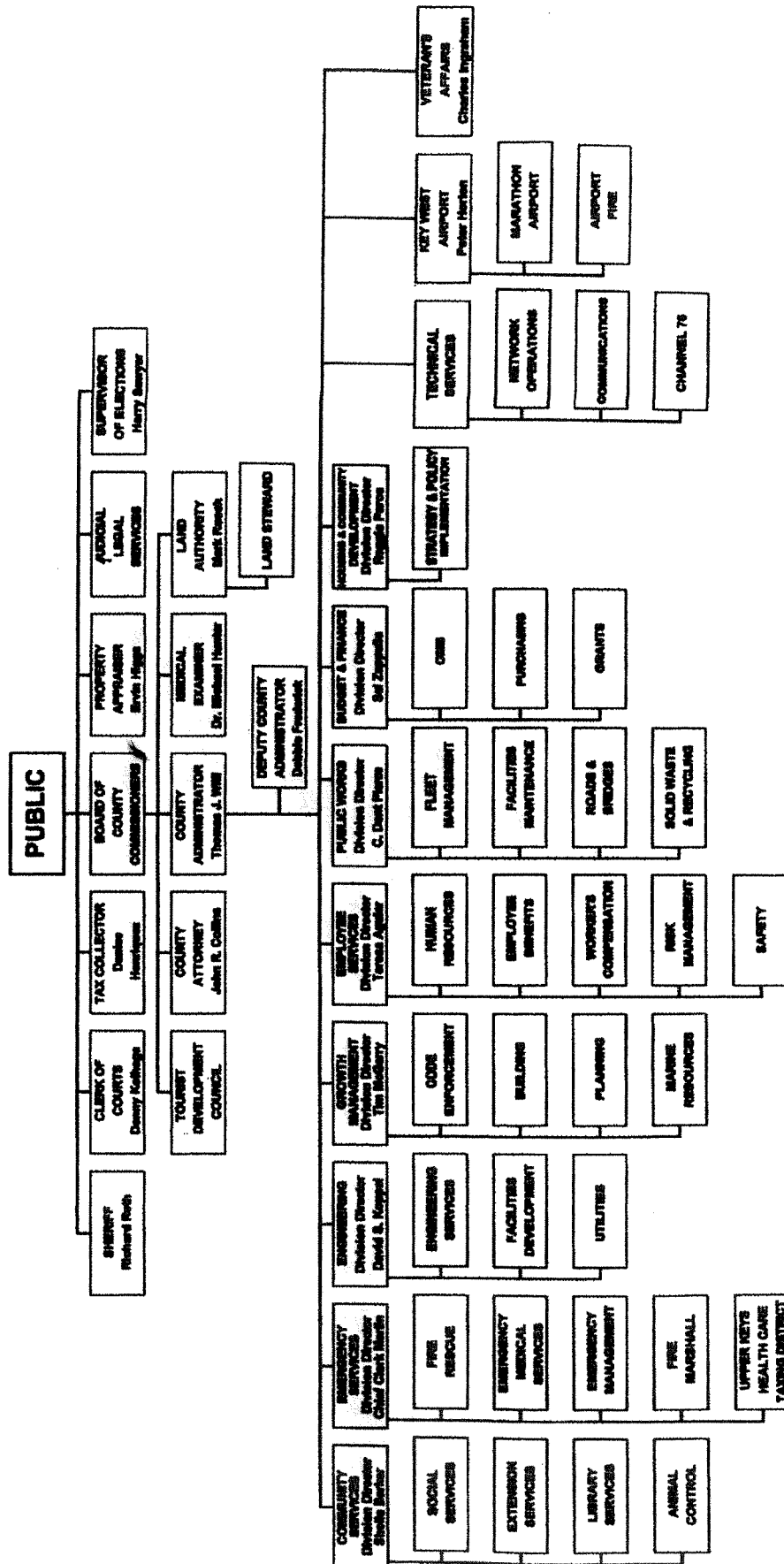
Jon Taute  
Case Manager

Isabel Conroy-Homemaker  
James Simmons-Homemaker  
Karen Coone-Personal Care  
Tonny Joyce-Personal Care  
Sandra Seay-Personal Care  
Carola Dotschay-Respite

Dotti Albury  
Administrative Assistant

Bernadette Godlewski-Homemaker  
Kate Halpin-Homemaker  
Wanda Lee-Homemaker  
Dorri Nelson-Homemaker  
Erneen Reid-Homemaker  
Norma Edwards-Personal Care  
Bonnie Soldo-Personal Care  
Connie Teate-Respite

# Adopted Monroe County Organizational Chart



**APPENDIX VII**

**Administrative Assessment Checklist**

Applicant Name: Monroe County In Home Services

Date: 2/10/06

Address: 1100 Simonton Street, Room 1-196

No. of Employees: 19

Key West, FL 33040

No. of Business  
Locations 3

Director's Name: Deloris Simpson

Administrative Assessment: An assessment of your organization's managerial, financial, and administrative capabilities will be made partially on the basis of your response to the following questions. If a response other than **"yes"** or **"no"** needs to be made, please reference the appropriate question and give your response on a separate page. This information must be completed and returned with your response to Part A (Program Module) of the RFP.

## TITLE III-E – NATIONAL FAMILY CAREGIVER SERVICES

YES NO VII-2  
OTHER

## 1. Property Management

- a. Are property records which describe the equipment make and model, grant or contract identification number, acquisition date, location and condition of equipment maintained?

XX — —

## 2. Procurement

- a. Are written purchasing policies for procurement of supplies, equipment, construction, and other services on file?

XX — —

## 3. Accounting

- a. Are financial reports prepared monthly for internal management purposes?

XX — —

- b. Does an independent auditor perform a certified audit annually?

XX — —

- c. Are basic books of accounting maintained?

XX — —

- (1) General ledgers

XX — —

- (2) Project ledgers

XX — —

- (3) Accounts receivable/cash receipt journal

XX — —

- (4) Accounts payable/cash disbursement journal

XX — —

- d. Is there adequate segregation of duties among personnel in accounting functions listed below?

- (1) Is payroll prepared by someone other than the timekeepers and persons who deliver paychecks to employees?

XX — —

- (2) Are duties of the bookkeeper separate from cash-related functions?

XX — —

- (3) Is the signing of checks limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received?

XX — —

## 4. Revenue

- a. Do controls exist to ensure that all appropriate costs for eligible service provisions are billed to third party payers in a timely manner?

XX — —

- b. Are there guidelines for assessing fees?

XX — —

- c. Are uncollectible write-offs approved by a responsible official?

XX — —

## TITLE III-E – NATIONAL FAMILY CAREGIVER SERVICES

	YES	NO	VII-3 OTHER
d. Are all checks marked <b>"For Deposit Only"</b> immediately upon receipt?	<u>XX</u>	—	—
e. Are receipts deposited on a regular basis?	<u>XX</u>	—	—
5. Expenditures			
a. Are expenditure entries posted by cost centers?	<u>XX</u>	—	—
b. Is there a system for allocating direct cost when the project is funded by two or more sources?	<u>XX</u>	—	—
c. Are time and attendance records kept for all employees by program, and by funding source?	<u>XX</u>	—	—
d. Are Federal quarterly payroll tax forms (U.S. 941) submitted in a timely manner?	<u>XX</u>	—	—
e. Are individual payroll records maintained on each employee?	<u>XX</u>	—	—
6. Disbursements			
a. Are checks issued in pre-numbered sequential order and are all applicable check numbers accounted for?	<u>XX</u>	—	—
b. Are banks notified in writing when authorized check signers terminate employment with the provider?	<u>XX</u>	—	—
c. Are ledgers/journals reconciled to bank statements on a monthly basis?	<u>XX</u>	—	—
d. When not in use, are checks locked in a secure cabinet?	<u>XX</u>	—	—
e. Are disbursements from petty cash documented by approved supporting invoices?	—	—	<u>n/a</u>
7. Personnel			
a. Are personnel policies in writing and approved by appropriate authority?	<u>XX</u>	—	—
b. Are job descriptions provided to all employees at time of initial employment?	<u>XX</u>	—	—
c. Are job descriptions on file for all positions?	<u>XX</u>	—	—

TITLE III-E – NATIONAL FAMILY CAREGIVER SERVICES

	YES	NO	VII-4 OTHER
d. Is each staff member appraised on performance, at least annually?	<u>XX</u>	—	—

# 3020546\_v2

**APPENDIX VIII****A. PROPOSAL EVALUATION INSTRUMENT FOR PART A (PROGRAM  
MODULE) TO BE COMPLETED BY PROPOSAL REVIEW COMMITTEE**

Applicant: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

**Rating Scale****Point Value****Description****4 (superior)****Exceeds all expectations; demonstrates highest level of understanding of project.** The presentation is superior in its detail, clarity and organization.**3 (good)****Exceeds most expectations; demonstrates good understanding** of the project by showing how the item being measured contributes to the realization of the project. The presentation is clear and offers measurable objectives and accurate information.**2 (adequate)****Meets expectations; demonstrates a basic understanding** of the project, but fails to clearly show how the item being measured contributes to the realization of the project. The presentation is unclear in some areas; fails to provide measurable objectives in a consistent manner and/or fails to consistently provide accurate information.**1 (poor)****Below expectations; demonstrates insufficient understanding** of the project; fails to show how the item being measured contributes to the realization of the project. The presentation is confusing and contains contradictory statements; objectives presented are general, vague, and not always measurable; the information provided is inaccurate and/or misleading.**0 (omitted)****Not included as required; inadequate** justification given for the omission or no justification given.

If a member of a Proposal Review Committee believes a proposal falls between one of the above ratings on the rating scale with respect to the item being scored, the Proposal Review Committee member may award fractional points up to two decimal places.



**VI. A. APPLICANT'S QUALIFICATIONS AND PRIOR EXPERIENCE**

The applicant shall provide a detailed description of its qualifications and prior experience performing tasks similar or relevant to those required in this RFP. The discussion should include a description of the applicant's background and relevant experience that qualifies it to provide the services required by this RFP.

To complete the documentation of the applicant's qualifications and experience, the applicant must document previous contracted supportive services, nutrition services, caregiver services or other services related programs similar or relevant to the one described in this RFP, whether such services were provided to elderly or other populations. For each, the documentation should include a description of the services delivered; the contract period and the name, address, and telephone number of the contact person for each of the contracting agencies and shall include copies of any monitoring reports, corrective actions and/or other relevant information.

MONROE COUNTY IN-HOME SERVICES HAS BEEN IN OPERATION FOR 25+ YEARS THROUGHOUT THE SERVICE AREA OF MONROE COUNTY. UNDER THE DIRECTION OF THE BOARD OF COUNTY COMMISSIONERS, WE ADHERE TO THE COUNTY POLICIES AND PROCEDURES AS WELL AS THE DEPARTMENT OF ELDER AFFAIRS. THE ORGANIZATION IS FUNDED BY STATE AND FEDERAL GRANTS WITH A CASH MATCH AGREEMENT FROM THE COUNTY. THE GRANT FUNDING SOURCES ARE VARIED. GRANTS INCLUDE: COMMUNITY CARE FOR THE ELDERLY, COMMUNITY CARE FOR DISABLED ADULTS, HOME CARE FOR THE ELDERLY, ALZHEIMER'S DISEASE INITIATIVE, OLDER AMERICANS ACT, AND THE HOME AND COMMUNITY BASED WAIVER - CURRENTLY, (ADA),

WE MAINTAIN 3 OFFICES IN MONROE COUNTY, KEY WEST, MARATHON, AND IN PLANTATION KEY. IN EACH AREA, WE PROVIDE THE SAME AMOUNT OF DIRECT CORE SERVICES IN THE HOMES OF THE ELDERLY AND DISABLED ADULTS. CORE SERVICES INCLUDE: CASE MANAGEMENT, PERSONAL CARE, HOMEMAKING, AND RESPITE. OTHER INDIRECT SERVICES INCLUDE, CONSUMABLE MEDICAL SUPPLIES, EMERGENCY ALERT RESPONSE, BASIC SUBSIDIES, SPECIAL SUBSIDIES, CAREGIVER TRAINING AND SUPPORT, FACILITY RESPITE, AND REFER CONSUMERS TO ALL OTHER NEEDED GOODS AND RESOURCES THROUGHOUT THE COUNTY AND COMMUNITY. WE SUB-CONTRACT MEDICAID WAIVER SERVICES TO THE HOME HEALTH AGENCIES. ENVIRONMENTAL MODIFICATIONS ARE REFERRED TO HABITAT FOR HUMANITY.

THE OFFICE CONTACT PERSON IS DEE SIMPSON. CASE MANAGERS ARE HENRY ARROYO AND JON TAUTE. THE ADMINISTRATIVE ASSISTANT IS DOTTI ALBURY.

THE OFFICE HOURS ARE 8-5, MONDAY THROUGH FRIDAY EXCLUDING HOLIDAYS. PHONE (305) 292-4583 FAX (305) 2924481

**I.B. UNIT COSTING WORKSHEET**

**AVAILABLE FOR DOWNLOAD AT THE ALLIANCE WEBSITE:**

**[www.allianceforaging.org](http://www.allianceforaging.org)**

Sheet1

Non-bill time per week	Travel time	Meetings, etc	Paperwork	Supplies, etc	Tot per wk	Tot per yr
Homemakers lower keys	3.75	0.25	1.25	0.25	5.5	286
Homemakers midd/upp	7.5	0.25	1.25	0.25	9.25	481
Pers care lower keys	5	0.25	1.25	0.25	6.75	351
Pers care midd/upp	7.5	0.25	1.25	0.25	9.25	481
Respite lower keys	0.5	0.25	1.25	0.25	2.25	117
Respite upp/midd	0.75	0.25	1.25	0.25	2.5	130
Case mgr lower keys	0	5	1	0.25	6.25	325
Case mgr midd/upp	0	3	1	0.25	4.25	221

**Salary increases**

Employees get 5% merit increase on their anniversary dates in FY06 for satisfactory performance.  
 This has been entered as 2.5%, since anniv dates vary (avg time at 5% higher assumed to be 6 months)  
 Cost of living increase on Oct. 1, 2006 was assumed to be 3.3%, the same as on Oct 1, 2005.  
 Three months at 3.3% increase = .825% effective annual increase (.033 \* 3/12)  
 Total increase entered for grant year is 3.325 (2.5 + .825)

**Benefits percentages**

Average Retirement	8.55
Average Worker's Comp	5.84
FICA	7.65
Total	22.04

**Health Insurance**

Caron, Ellen	Admin Asst	Y	
Albury, Dotti	Admin Asst	Y	
Klein, Aylene	Personal Care Supvr, county-wide	N	
Simpson, Deloris	Sr. Admin, In Home Services	Y	
Drewing, Janice	Sr. Admin, Nutrition	Y	5 Mgt
Arroyo, Henry	Case Mgr, Lower Keys	Y	
Taute, Jon	Case Mgr, Middle/Upper Keys	Y	2 Case mgt
Joseph, Aleus	Driver, Key West	N	

Sheet1

Anderson	Grants Accountant	Y		
Halpin, Kathryn	Homemaker, Big Pine Key	N		
Pawlus, Dorothy	Homemaker, Big Pine Key	N		
Godlewski, Bernadette	Homemaker, Lower Keys	N		
Reid, Erneen	Homemaker, Lower Keys	Y		
Nelson, Dori	Homemaker, Lower Keys	Y		
Lee, Wanda	Homemaker, Lower Keys	Y		
Conroy, Isabel	Homemaker, Upper Keys	Y		
Simmons, James	Homemaker, Upper Keys	Y		
Edwards, Norma	Personal Care, KVV to BPK	Y		
Soldo, Bonnie	Personal Care, Lower Keys	Y		
Seay, Sandra	Personal Care, Middle Keys	Y		
Joyce, Tommy	Personal Care, Upper Keys	Y		
Coone, Karen	Personal Care, Upper Keys	Y		
Teate, Constance	Respite Worker, Lower Keys	N		
Dotschay, Carola	Respite Worker, Upper Keys	N		
Vacant	Site Asst. Key West	N		
Ramsey, Barbara	Site Asst. Marathon	N		
Marshall, Sarah	Site Mgr. Big Pine Key	N		
Allen, Izette	Site Mgr. Key West	N		
Brown, Robert	Site Mgr. Marathon	N		
Andrews, Ken	Site Mgr. Plantation Key	N		
		17 yes	17 at 790/mo	161160
<b>Actual Oper Exp (est for comparison only)</b>				
	2005	2006		
6153005	3307	1461		
6153105	56382	3359		
6153205	83699	4853		
6153405	37981	7160		
6153605	1086			
6153705	3661			
6153805	6290			
6153905	15			
	192421	16833	209254	

	A	B	C
1	FLORIDA DEPARTMENT OF ELDER AFFAIRS		
2	SIMPLIFIED UNIT COST METHODOLOGY		
3	PERSONNEL COSTS WORKSHEET		
4	BUDGET YEAR: 2006		
5	RECIPIENT NAME: Monroe County Board of County Commissioners		

% Increased by:

**3.325%**

3.325%													Management & General Cost Pool		
STAFF		POSITION DESCRIPTION	CURRENT WAGES	PROPOSED INCREASE	PROPOSED BUDGET	GROSS AVAILABLE HOURS	HOLIDAY HOURS	SICK LEAVE	ANNUAL LEAVE	OTHER NON-BILLABLE TIME	NET AVAILABLE HOURS	% OF TIME	HR/UNIT	WAGE COST	
10	Albury, Dotti	Admin Asst	40,761.00	1,364.97	42,105.97	2,080.0	96.0	104.0	130.0	120.0	1,630.0	89.50%	1,458.9	37,684.84	
11	Arroyo, Henry	Case Mgr. Lower Keys	41,556.00	1,361.74	42,937.74	2,080.0	96.0	104.0	130.0	325.0	1,425.0	0.00%	-	-	
12	Conroy, Isabel	Homemaker, Upper Keys	28,382.00	943.70	29,325.70	2,080.0	96.0	104.0	130.0	481.0	1,269.0	0.00%	-	-	
13	Coone, Karen	Personal Care, Upper Keys	31,621.00	1,058.05	32,879.05	2,080.0	96.0	104.0	156.0	481.0	1,243.0	0.00%	-	-	
14	Dofschay, Carola	Respite Worker, Upper Keys	14,633.00	486.55	15,119.55	1,248.0	57.6	62.4	62.4	78.0	987.6	0.00%	-	-	
15	Edwards, Norma	Personal Care, KIV to BPK	27,214.00	904.87	28,118.87	2,080.0	96.0	104.0	104.0	481.0	1,295.0	0.00%	-	-	
16	Godlewski, Bernad	Homemaker, Lower Keys	15,361.00	510.75	15,871.75	1,248.0	57.6	62.4	65.0	171.6	894.0	0.00%	-	-	
17	Hajpin, Kathryn	Homemaker, Big Pine Key	18,080.00	601.16	18,681.16	1,300.0	60.0	65.0	65.0	178.8	931.3	0.00%	-	-	
18	Joyce, Tommy	Personal Care, Upper Keys	32,400.00	1,077.30	33,477.30	2,080.0	96.0	104.0	156.0	481.0	1,243.0	0.00%	-	-	
19	Klein, Aylene	Personal Care Supvr, county-wide	2,101.44	69.87	2,171.31	96.0	-	-	-	8.0	88.0	0.00%	-	-	
20	Lee, Wanda	Homemaker, Lower Keys	31,852.00	1,059.08	32,911.08	2,080.0	96.0	104.0	182.0	286.0	1,412.0	0.00%	-	-	
21	Nelson, Dori	Homemaker, Lower Keys	23,562.00	783.44	24,345.44	2,080.0	96.0	104.0	104.0	286.0	1,490.0	0.00%	-	-	
22	Pawlus, Dorothy	Homemaker, Big Pine Key	11,781.00	391.72	12,172.72	1,040.0	48.0	52.0	52.0	143.0	745.0	0.00%	-	-	
23	Reid, Emeen	Homemaker, Lower Keys	23,949.00	796.30	24,745.30	2,080.0	96.0	104.0	104.0	266.0	1,490.0	0.00%	-	-	
24	Seay, Sandra	Personal Care, Middle Keys	31,221.00	1,038.10	32,259.10	2,080.0	96.0	104.0	156.0	481.0	1,295.0	0.00%	-	-	
25	Simmons, James	Homemaker, Upper Keys	27,551.00	916.07	28,467.07	2,080.0	96.0	104.0	156.0	481.0	1,243.0	0.00%	-	-	
26	Simpson, Deloris	Str. Admin. In Home Services	57,125.00	1,889.41	59,024.41	2,080.0	96.0	104.0	156.0	120.0	1,604.0	76.00%	1,219.0	44,858.55	
27	Soldo, Bonnie	Personal Care, Lower Keys	28,838.00	958.86	29,796.86	2,080.0	96.0	104.0	130.0	351.0	1,399.0	0.00%	-	-	
28	Taule, Jon	Case Mgr. Middle/Upper Keys	48,218.00	1,603.25	49,821.25	2,080.0	96.0	104.0	182.0	70.2	1,477.0	0.00%	-	-	
29	Teale, Constance	Respite Worker, Lower Keys	14,629.00	486.41	15,115.41	1,248.0	57.6	62.4	62.4	99.4	1,656.0	90.00%	1,490.4	35,287.86	
30	Anderson, Jon	Grants Accountant	37,947.00	1,261.74	39,208.74	2,080.0	96.0	104.0	104.0	120.0	1,656.0	0.00%	-	-	
31	Allen, Izette	Site Mgr. Key West	15,207.00	505.63	15,712.63	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
32	Andrews, Ken	Site Mgr. Marathon Key	15,745.00	523.52	16,268.52	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
33	Brown, Robert	Site Mgr. Marathon	16,706.00	565.47	17,261.47	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
34	Joseph, Alaus	Driver, Key West	13,633.00	453.30	14,086.30	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
35	Ramsey, Barbara	Site Asst. Marathon	12,984.00	431.72	13,415.72	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
36	Marshall, Sarah	Site Mgr. Big Pine Key	15,140.00	503.41	15,643.41	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
37	Johnson, Ray	Site Asst. Plantation Key	11,777.00	391.59	12,168.59	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-	
38	Caron, Ellen	Admin Asst	35,144.00	1,168.54	36,312.54	2,080.0	96.0	104.0	104.0	120.0	1,656.0	80.00%	1,324.8	29,050.03	
39	Sherrod, Harvey	Driver, Key West	11,777.00	391.59	12,168.59	1,040.0	48.0	52.0	52.0	60.0	828.0	0.00%	-	-	
40	Drewing, Janice	Str. Admin. Nutrition	56,047.00	1,863.56	57,910.56	2,080.0	96.0	104.0	104.0	120.0	1,656.0	80.00%	1,324.8	46,328.45	
41						49,860.0	2,632.8	2,488.2	2,956.2	6,370.6					
42	TOTAL WAGES		793,132.44	26,371.65	819,504.09									193,209.74	
43	PERCENTAGE OF WAGES				100.0%									23.6%	
44															
45	TOTAL HOURS														
46	PERCENTAGE OF HOURS														
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(Service Reference)										(12)										(6)										(11)										(28)									
8					Facilities & Maintenance Cost Pool					Basic Subsidy					Case Management					Congregate Meals C1					Home Delivered Meals C2																								
9				WAGE COST		% OF TIME		HR/UNIT		WAGE COST		% OF TIME		HR/UNIT		WAGE COST		% OF TIME		HR/UNIT		WAGE COST		% OF TIME		HR/UNIT		WAGE COST																					
10	0.00%	-	-	0.50%	8.2	210.53	0.00%	-	-	89.50%	1,275.4	38,429.27	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
11	0.00%	-	-	0.00%	7.1	214.69	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
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17	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
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21	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
22	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
23	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
24	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
25	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
26	0.00%	-	-	3.00%	48.1	1,770.73	10.00%	160.4	5,902.44	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
27	0.00%	-	-	0.00%	-	-	0.50%	7.4	249.11	89.50%	1,321.9	44,590.02	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-																			
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43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																				
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																				
45	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-																			
46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																				
47	0.0%	-	-	0.0%	70.8	2,445.06	0.2%	2,757.7	88,921.73	7.8%	4,207.8	83,155.96	0.0%	-	-	11.9%	2,742.6	52,413.88	6.4%	-	-	-	-	-	-	-	-	-	-	-																			

	CX	CY	CZ	EB	EC	ED	EN	EO	EP	FO	FP	FQ	FR	FS	FT
1															
2															
3															
4															
5															
6															
7															
8	Homemaker (428)			Nutrition Education (438)			Personal Care (443)			Respite (Facility Based) (452)			Respite (In-Home) (453)		
9															
10	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST
11	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
12	100.00%	1,269.0	29,326.70	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
13	0.00%	-	-	0.00%	-	-	90.00%	1,118.7	29,591.14	0.00%	-	-	0.00%	-	-
14	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
15	0.00%	-	-	0.00%	-	-	100.00%	1,295.0	28,118.87	0.00%	-	-	100.00%	987.6	15,119.55
16	90.00%	804.6	14,284.58	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
17	100.00%	931.3	18,681.16	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
18	0.00%	-	-	0.00%	-	-	100.00%	1,243.0	33,477.30	0.00%	-	-	0.00%	-	-
19	0.00%	-	-	0.00%	-	-	90.00%	79.2	1,954.18	0.00%	-	-	0.00%	-	-
20	100.00%	1,412.0	32,911.08	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
21	100.00%	1,490.0	24,345.44	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
22	100.00%	745.0	12,172.72	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
23	100.00%	1,490.0	24,745.30	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
24	0.00%	-	-	0.00%	-	-	100.00%	1,295.0	32,259.10	0.00%	-	-	0.00%	-	-
25	100.00%	1,243.0	28,467.07	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
26	5.00%	80.2	2,951.22	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
27	0.00%	-	-	0.00%	-	-	100.00%	1,399.0	29,796.86	0.00%	-	-	0.00%	-	-
28	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
29	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
30	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
31	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
32	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
33	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
34	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
35	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
36	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
37	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
38	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
39	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
40	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
41															
42															
43			187,884.27			-			155,197.45			-		30,234.96	
44			22.9%			0.0%			18.9%			0.0%		3.7%	
45															
46		9,465.1						6,429.9						1,983.0	
47		26.7%			0.0%			18.2%			0.0%			5.6%	

GG GH GI GS GT GU GV GW GX GY GZ

(58)

	Specialized Medical Equipment, Services & Supplies			Non-DOEA Services & Activities			Fundraising & Unallowable Activities		
	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST
10	0.00%	-	-	10.00%	163.0	4,210.60	0.00%	-	-
11	0.00%	-	-	10.00%	142.5	4,293.77	0.00%	-	-
12	0.00%	-	-	0.00%	-	-	0.00%	-	-
13	0.00%	-	-	10.00%	124.3	3,287.90	0.00%	-	-
14	0.00%	-	-	0.00%	-	-	0.00%	-	-
15	0.00%	-	-	0.00%	-	-	0.00%	-	-
16	0.00%	-	-	10.00%	89.4	1,587.18	0.00%	-	-
17	0.00%	-	-	0.00%	-	-	0.00%	-	-
18	0.00%	-	-	0.00%	-	-	0.00%	-	-
19	0.00%	-	-	10.00%	8.8	217.13	0.00%	-	-
20	0.00%	-	-	0.00%	-	-	0.00%	-	-
21	0.00%	-	-	0.00%	-	-	0.00%	-	-
22	0.00%	-	-	0.00%	-	-	0.00%	-	-
23	0.00%	-	-	0.00%	-	-	0.00%	-	-
24	0.00%	-	-	0.00%	-	-	0.00%	-	-
25	0.00%	-	-	0.00%	-	-	0.00%	-	-
26	0.00%	-	-	6.00%	96.2	3,541.46	0.00%	-	-
27	0.00%	-	-	0.00%	-	-	0.00%	-	-
28	0.00%	-	-	10.00%	147.7	4,982.12	0.00%	-	-
29	0.00%	-	-	0.00%	-	-	0.00%	-	-
30	0.00%	-	-	10.00%	165.6	3,920.87	0.00%	-	-
31	0.00%	-	-	0.00%	-	-	0.00%	-	-
32	0.00%	-	-	0.00%	-	-	0.00%	-	-
33	0.00%	-	-	0.00%	-	-	0.00%	-	-
34	0.00%	-	-	0.00%	-	-	0.00%	-	-
35	0.00%	-	-	0.00%	-	-	0.00%	-	-
36	0.00%	-	-	0.00%	-	-	0.00%	-	-
37	0.00%	-	-	0.00%	-	-	0.00%	-	-
38	0.00%	-	-	0.00%	-	-	0.00%	-	-
39	0.00%	-	-	0.00%	-	-	0.00%	-	-
40	0.00%	-	-	0.00%	-	-	0.00%	-	-
41									
42									
43			-			26,041.05			-
44			0.0%			3.2%			0.0%
45									
46			-		937.5			-	
47			0.0%		2.6%			0.0%	

% age  
Check  
Total

100.00%

100.00%

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100.00%

100.00%



[illegible]

	AW	BF	BG	BL	BP	BQ	BR	BS	BT
1									
2									
3									
4									
5									
6	(42)	(52)	(53)	(59)					
7									
	<b>Personal Care</b>	<b>Respite (Facility Based)</b>	<b>Respite (In-Home)</b>	<b>Specialized Medical Equipment, Services &amp; Supplies</b>	<b>Non-DOEA Services &amp; Activities</b>	<b>Total Program Costs</b>	<b>Fundraising &amp; Unallowable Activities</b>		<b>Check for Total Costs</b>
8	155,197.45	-	30,234.96	-	26,041.05	626,294.36	-		26,041.05
9	15,970.76	-	12,807.36	-	11,030.84	145,846.73	-		180,248.84
10	49,770.00	-	-	-	-	119,448.00	-		-
11	-	-	-	-	-	-	-		-
12	-	-	-	-	-	-	-		-
13	-	-	-	-	-	-	-		-
14	-	-	-	-	-	-	-		-
15	-	-	-	-	-	-	-		-
16	-	-	-	-	-	-	-		-
17	-	-	-	-	-	-	-		-
18	-	-	-	-	-	-	-		-
19	-	-	-	-	-	-	-		-
20	-	-	-	-	-	-	-		-
21	-	20,362.50	-	-	-	20,362.50	-		-
22	-	-	-	-	-	3,000.00	-		-
23	-	-	-	-	-	-	-		-
24	-	-	-	-	-	-	-		-
25	-	-	-	-	-	-	-		-
26	-	-	-	-	-	-	-		-
27	-	-	-	-	-	-	-		-
28	-	-	-	-	7,000.00	164,432.00	-		7,000.00
29	-	-	-	-	2,000.00	2,000.00	-		-
30	220,938.21	20,362.50	43,042.32	2,000.00	44,071.88	1,081,383.58	-		213,289.88
31	-	-	-	-	-	-	-		-
32	-	20,362.50	-	-	-	-	-		(23,362.50)
33	-	-	-	-	-	-	-		-
34	-	-	-	-	-	-	-		-
35	69842.61	6436.96	13606.46	632.24	13931.93	-	0		-
36	220,938.21	20,362.50	43,042.32	2,000.00	44,071.88	-	-		-
37	-	-	-	-	-	-	-		-
38	-	-	-	-	-	-	-		-
39	1	1	1	1	1	1	-		-
40	-	-	-	-	-	-	-		-
41	290,780.82	26,799.46	56,648.78	2,632.24	58,003.81	-	-		-
42	-	-	-	-	-	-	-		-
43	290,780.82	26,799.46	56,648.78	2,632.24	58,003.81	-	-		-
44	-	-	-	-	-	-	-		-
45	6,430	2,300	1,983	1	n/a	-	n/a		-
46	-	-	-	-	-	-	-		-
47	45.22	11.65	28.57	2632.24	n/a	-	n/a		-
48	-	-	-	-	-	-	-		-
49	45.22	11.65	28.57	2,632.24	n/a	-	n/a		-

**II.B. SUPPORTING BUDGET BY PROGRAM ACTIVITY**

**AVAILABLE FOR DOWNLOAD AT THE ALLIANCE WEBSITE:**

**[www.allianceforaging.org](http://www.allianceforaging.org)**

\* (Indicate all DOE funding sources applicable to your agency)

ORIG

ORIGINAL DATE:

**Funding Source**

(XX)	Title III B
(XX)	Title III B

( ) Title III C-7

( ) Title III C-2

( ) Title III D

(xx) *idem*

**Funding Source**

ADI 207

UCC

HC

LSP

REVISÉD DAIE:

REGISTRATION NUMBER

REVISION NUMBER

2.  
3.  
4.  
5.  
6.

Provider Name: Monroe County In Home Services

[illegible]

**APPENDIX III**

**Acceptance of Contract Terms and Conditions**

In the event,

(Name of Applicant)

should be awarded a contract for the provision of services funded under Title III-B of the Older Americans Act Program

Name of Applicant: Monroe County

agrees to abide by the terms and conditions specified in this RFP, including but not limited to the model contract and master agreement in Appendix I.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# 3020505\_v2

## **APPENDIX IV**

### **Statement of No Involvement**

I,\_, as an authorized representative of\_, certify that no member of this firm nor any person having interest in this firm has been awarded a contract by the Alliance for Aging, Inc., on a noncompetitive basis to:

- (1) develop this RFP;
- (2) perform a feasibility study concerning the scope of work contained in this RFP; or
- (3) develop a program similar to what is contained in this RFP.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**V.B. MATCH COMMITMENT OF CASH DONATION**

Agency Name: MONROE COUNTY IN-HOME SERVICES

Donor Identification:

Name:

Street:

City:

N/A

State:

Zip:

Phone:

Authorized Representative:

Total Amount: \$

# Payments:

Amount/Payment: \$

Contribution Period:

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative

Date

JANUARY 2006

**VI.B. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE**

Agency Name: MONROE COUNTY IN-HOME SERVICES

Donor Identification:

Name:

Street:

City:

N/A

State:

Zip:

Phone:

Authorized Representative:

Description of Space: ☐ Office☐ Site ☐ Other

Provider Owned Space:

1. Number of square footage used by project:

sq/ft

2. Appraised rental value per square foot:

\$

3. Total value of space used by project (1x2):

\$

Donor Owned Space:

1. Established monthly rental value:

\$

2. Number of months rent to be paid by donor:

\$

3. Value of donated space (1x2):

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

JANUARY 2006



**VII. B. MATCH COMMITMENT OF SUPPLIES**

Agency Name: MONROE COUNTY IN-HOME SERVICES

Donor Identification:

Name:  
Street: N/A  
City:  
State:  
Zip:  
Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

**VIII. B. MATCH COMMITMENT OF EQUIPMENT**

Agency Name: MONROE COUNTY IN-HOME SERVICES

Donor Identification:

Name:

Street:

City:

N/A

State:

Zip:

Phone:

Authorized Representative:

The equipment described below is committed for use by the project for the period of:

<u>ITEM DESCRIPTION</u>	<u>NUMBER COST</u>	<u>ACQUISITION VALUE</u>	<u>VALUE TO PROJECT*</u>
1.			
2.			
3			
4			
5			
<b>TOTAL VALUE CLAIMED:</b>			\$

\*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6½% of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

JANUARY 2006

**IX. B. MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES  
BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**Agency Name: MONROE COUNTY IN-HOME SERVICES

Donor Identification: \_\_\_\_\_

Name:  
Street:  
City:  
State:  
Zip:  
Phone:

Authorized Representative: \_\_\_\_\_

The personal services described below are committed for use by the project for the period of: \_\_\_\_\_

Description of Positions:

<u>POSITION TITLE</u>	<u>SERVICE</u>	<u>HOURLY RATE OR ANNUAL SALARY</u>	<u>HOURS WORKED</u>	<u>VALUE TO PROJECT*</u>
1.				
2.				
3.				
4.				
5.				
			<b>TOTAL</b>	<b>\$</b>

\*Value to project = (hours worked) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

\_\_\_\_\_  
Signature of Donor or Representative\_\_\_\_\_  
Date

JANUARY 2006

**X. B. MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL**

Agency Name: MONROE COUNTY IN-HOME SERVICES

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

N/A

<u>POSITION TITLE</u>	<u>EQUIVALENT HOURLY RATE(S)</u>	<u>HOURS WORKED</u>	<u>VALUE TO PROJECT</u>
1.			
2.			
3.			
4.			
5.			
<b>TOTAL VALUE TO AGENCY</b>			\$

Equivalent Hourly Rate(s) was/were determined by:

- ☐ Rates for comparable positions within own agency.
- ☐ State Employment Service estimate of rates for type of work.
- ☐ Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official

Date

# 3020530\_v2

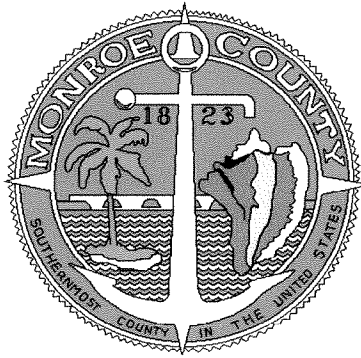
JANUARY 2006

## **APPENDIX V**

### **MONROE COUNTY NUTRITION PROGRAM OAA APPLICATION FOR FUNDS**

**BOARD OF COUNTY COMMISSIONERS**

**MONROE COUNTY, FLORIDA**



**January 2006**  
**Division of Community Services**  
Nutrition Program

## **APPENDIX V**

### **OAA APPLICATION FOR FUNDS**

**OAA APPLICATION FOR FUNDS**

(Please include page numbers below as they appear in the application)

**A. PROGRAM MODULE FORMATS**

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<b>C. Title IIIC Service Grid</b>	<u><b>V-11</b></u>
<b>D. Title IIIE Service Grid (DOES NOT APPLY)</b>	
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TITLE III-C – NUTRITION SERVICES

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X.B. Match Commitment of in-Kind Volunteer Personnel and Travel	<u>V-66</u>



PSA: 11

I.A. APPLICANT'S  
SUMMARY INFORMATION PAGEORIGINAL SUBMISSION x  
REVISION [ ]

<b>1. PROVIDER INFORMATION:</b> Executive Director: {Name/Address/Phone}  Sheila Barker, Director Community Services 1100 Simonton Street, , Room 2-257 Key West, FL 33040 305-292-4500  Legal Name of Agency: Monroe County Board of County Commissioners  Mailing Address: Gato Building 1100 Simonton Street Key West, FL 33040   Telephone Number: [ ] 305-292-4462	<b>2. GOVERNING BOARD CHAIR:</b> {Name/Address/Phone}  Mayor, Charles "Sonny" McCoy 500 Whitehead Street, Suite 102 Key West, FL 33040 305292-3430  Name of Grantee Agency: Monroe County Nutrition Program <b>3. ADVISORY COUNCIL CHAIR:</b> (if applicable) {Name/Address/Phone}  Dallas McDonald, Chair Older Americans Advisory Board 305-872-0613
<b>4. TYPE OF AGENCY/ORGANIZATION:</b>  NOT FOR PROFIT:     ___PRIVATE ___PUBLIC PRIVATE FOR PROFIT     ___	<b>5. PROPOSED FUNDING PERIOD:</b>  A. New Applicant [ ] B. Continuation x
<b>6. FUNDS REQUESTED:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> OAA Title IIIB  <input checked="" type="checkbox"/> OAA Title IIIC  <input type="checkbox"/> OAA Title IIIE  <input type="checkbox"/> OAA Title IIIF  <input checked="" type="checkbox"/> ELDERLY MEALS  <input type="checkbox"/> LSP  <input type="checkbox"/> CONTRACTED SERVICES         </div> <div style="width: 45%;"> <input type="checkbox"/> ADI  <input type="checkbox"/> CCE  <input type="checkbox"/> HCE  <input type="checkbox"/> EHEAEP  <input type="checkbox"/> HCBS  <input type="checkbox"/> USDA         </div> <div style="width: 10%; text-align: right;"> <input type="checkbox"/> OTHER (SPECIFY)         </div> </div>	
<b>7. SERVICE AREA:</b> x Single County <u>Monroe County</u> [ ] Multi county: List:  Selected Communities of a County. Specify:	
<b>8. ADDRESS FOR PAYMENT OF CHECKS ITEM #:</b> [ ] #1   x #2  Attention: Monroe County Finance Department, 500 Whitehead Street, Key West, FL 33040	
<b>9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:</b>  I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.  Name: _____ Signature: _____	

## II.A. GENERAL REQUIREMENTS

### 1. CONSUMER PROFILE

**Provide a detailed description, in narrative form, about the consumers you intend to serve and their needs. Specific attention should be given to any unmet needs of the community or target area(s) you intend to serve.**

The projections requested are your best estimate of the percentage the total number of your consumers in each of the categories below represents of the 60+ population in the county where you plan to provide service(s). Percentages of persons to be served should be representative of the countywide ratios provided under Table 1, below. **The Older Americans Act mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals.**

	Yes	No	Percent served/to be served
60+ At Poverty Level (\$8,590)	X		7.5% / 8%
Low Income Minority <125 % of Poverty (\$10,337)			12% / 12.5%
60+ With Mobility & Self Care Limitation			6% / 6.5%
Able to Attend Senior Center	X		1% / 1.5%
Are your services currently available & accessible to consumers in the catchment area?			

Based on population data provided below.  
**Table 1. COUNTY LEVEL DATA – 2005 ESTIMATES**

County	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation
Miami-Dade <sup>1</sup>	77,712 (17.8%)	91,558 (20.9%)	36,208 (8.3%)
Monroe	1,631 (8.4%)	547 (3.1%)	635 (3.7%)
PSA-11	79,343 (17.5%)	92,105 (20.2%)	36,843 (8.1%)

**If you wish to share additional information which you believe will help the review team understand the population you serve/intend to serve, please do so by attaching additional pages as needed.**

<sup>1</sup> Total 60+ population for Miami-Dade is 436,442 and for Monroe 17,383. The total for Planning and Service Area 11 is 453,825.

	Yes	No	Percent served/to be served
60+ At Poverty Level (\$8,590)	X		14.5% / 15%
Low Income Minority <125 % of Poverty (\$10,337)			24.5% / 24.5%
60+ With Mobility & Self Care Limitation			6% / 6.5%
Able to Attend Senior Center	X		1% / 1.5%
Are your services currently available & accessible to consumers in the catchment area?			

Based on percentage of clients served instead of total population.

## 2. SERVICE PROFILE

**A. SERVICE CATCHMENT AREA/GEOGRAPHIC PROFILE** - Tell us about the geographic area(s) and communities your agency currently serves. Check all that apply or fill in as needed:

Service Area	Yes	No	Selected Communities in Area Indicated:
<b>1. Monroe County</b>			
Lower Keys	X		City of Key West
Middle Keys	X		City of Marathon, City of Key Colony Beach, City of Layton
Upper Keys	X		Villages of Islamorada
<b>2. Miami-Dade County</b>			
Miami Beach			
Key Biscayne			
<b>North Dade</b> North: Broward County Line South: NW 36 Street East: Atlantic Ocean West: Everglades			
<b>Central Dade</b> North: NW 36 Street South: SW 88 Street East: Atlantic Ocean West: Everglades			
<b>South Dade</b> North: SW 88 Street South: Monroe County Line East: Atlantic Ocean			

West: Everglades

Other

How can you justify the service catchment area (s) selected? Attach additional pages as needed and address each of the following:

- Area(s) selected has a high concentration of elders.
- Area(s) selected is under served or not served at all.
- Area(s) selected has a high concentration of low income and minority elders.

#### NARRATIVE SECTION

#### SERVICE CATCHMENT AREA JUSTIFICATION

##### **Area selected has a high concentration of elders:**

Monroe County Nutrition and In-Home Services Programs cover the entire geographic area of the Florida Keys, approximately 120 miles. Monroe County contains areas of rural and urban characteristics. The City of Key West has a population of approximately 25,000 and is very densely populated. The unincorporated areas of the County are more rural in character. As such, we serve a group of consumers who are culturally and demographically diverse. According to information provided by the Monroe County Supervisor of Elections (November 2005) approximately 25% of registered voters in Monroe county were identified as 55 years of age or older. This shows that nearly ¼ of the population of Monroe County is comprised of elders. According to figures provided in this document by the Alliance for Aging, 8.4% of these are in poverty. There are several reasons why the county has such a significant number of older residents. First, especially in the city of Key West, which is the most densely populated area of the Keys, many people are natives of the city are aging in place. In the last year, at least 5 birthday parties were held for clients of the Key West Nutrition Site for participants over 90 years old. Many of these clients have been attending the Nutrition program since its inception in 1973. In the other areas of the county, people came to the Keys to retire and live in mobile homes and condominiums that were purchased many years ago, before property values and the cost of living skyrocketed. As these populations age in Monroe County, older adults who are on-fixed incomes must cope with the greater cost of housing, gasoline, transportation, and consumer goods in the Keys. Also, medical expenses are higher than Dade County and are not often readily available. As such, older adults must spend more on medical care (for example there are no HMO's in Monroe County) and travel outside the area for services. This leaves them less money for food and fortunately, the Nutrition Program can serve them. This is consistent with the philosophy of the Older Americans Act when it authorized the Nutrition Program and did not include an income requirement. Thus, making food service available to all older adults over 60. Providing meals to these elders helps ease the food expenses, enables them to remain healthy and active, and maintains them in a community setting, in the least restrictive environment.

##### **Area(s) selected is under served or not served at all (unmet need):**

##### Upper Keys

Currently the Nutrition Program provides services in the Upper Keys through the Plantation Key Nutrition Site. The site is located in the geographic center of the Upper Keys at Mile-Marker 88.5 (Upper Keys extend from Mile-Marker 72 to Mile-Marker 112). This location is accessible through Monroe County Transportation and by car. Also, several clients in the area walk or ride bicycles to

the Dining Site. Key Largo is located from Mile-Marker 98 to Mile-Marker 125 (which includes Upper Key Largo). While the entire Upper Keys catchment area is adequately covered for home-delivered meals, because of the location of the Plantation Key Dining Site, 10-20 miles from varying sections of Key Largo, some prospective Meal site clients do not attend the site because it is perceived as being too far away. The Nutrition Program intends to examine this problem by identifying ways the service can be brought closer to Key Largo residents. This may be done by researching the use of County facilities, area churches, civic groups, and existing programs for older adults. Research will be aimed at providing some kind of satellite congregate meal service program in this area, if possible. This will depend on available financial resources, manpower, and logistics. The county is in the process of acquiring a facility to be used for government services in the Upper Keys. There is a possibility that some type of Nutrition Program services could be provided from this location in the future.

#### Emergency/Hurricane Needs

As predicted by meteorological authorities and witnessed in the 2005 hurricane seasons, the potential for storm activity is on the increase. Last year Monroe county experienced effects from four hurricanes, the last one, Wilma, caused substantial damage, displacement, and personal suffering in Monroe County. In the summer of 2005 it was necessary to provide approximately 2,000 additional meals in shelf-stable form to Nutrition Program clients. Not only were meals provided in preparation for storms, in several instances it was also necessary to replace food that was spoiled or ruined after hurricanes. This situation places an additional burden on the Monroe County Nutrition Program. Additional costs are incurred for food, meal delivery, and in some cases employee overtime to ensure that clients receive assistance when needed. As such some additional funding is needed to deal with the unanticipated expenses from natural disasters.

#### Area(s) selected has a high concentration of low-income and minority residents.

Nutrition Program services cover the entire geographic area of the Florida Keys, approximately 120 miles. Monroe County contains areas of rural and urban characteristics. The City of Key West has a population of approximately 25,000 and is very densely populated. The unincorporated areas of the County are more rural in character. As such, we serve a group of consumers who are culturally and demographically diverse. While all Nutrition Program Dining Sites serve minorities, poverty level, low-income, and moderate-income people, in Key West for example, there is a high concentration of Black and Hispanic clients. The Key West and Plantation Key Nutrition Site areas have the largest number of poverty level and low-income program participants. The Upper Keys' Site in Plantation Key also has a higher concentration of Hispanic clients. The Big Pine Site has a mix of income levels, but some clients do not have cars and many, especially C-2 clients reside in trailers, mobile homes, and recreational vehicles. Also, in the entire county, a majority of participants in the Nutrition Program live in rental housing and or mobile homes and trailers, which represent living units in Monroe County with the lowest cost for housing. Also, according to CIRTS assessment data, over 20% of Nutrition program clients reside in public housing.

According to the 2005 Civil Rights Compliance data for Monroe County, prepared for the Florida Department of Elder Affairs, (based on the most recently available information, 2002 census data, provided by the Monroe County Growth Management Department), the cumulative average minority population figure for Monroe County, including African Americans, Hispanics, and others is 21%. The estimated projection for the 2004 cumulative minority population average for clients served by the In-Home Services and Nutrition Departments is approximately 27%, which is higher than the county average. This shows that efforts by these Programs to reach minority populations are

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resulting in higher levels of service for the intended consumers. Of the percentage of 21% minority clients approximately 20% could be classified as low-income

**B. TITLE III-B SERVICE GRID – (DOES NOT APPLY**

**C. TITLE III-C SERVICE GRID** – Tell us which **nutrition services** you offer or intend to offer.

SERVICE OFFERED	FUNDED THRU OAA NOW	FUNDED THRU NON-OAA	UNDER OAA IN 2006
<b>Congregate Meals:</b>			
Meals (Traditional)	X		X
Meals (Modified Texture)			
Meals (Special Diet)			
Nutrition Education	8 UNITS		X
Nutrition Counseling	X		X
<b>Home Delivered Meals:</b>			
Meals (Traditional)	X		X
Meals (Modified Texture)			
Meals (Special Diet)			
Nutrition Education	1 UNIT		
Nutrition Counseling	X		X

**Note:** The OAA Title Service Grid should be completed by all applicants. The Program, Services and Planning Committee and/or the Board of Directors may use the information included in the service grid when determining the funding allocations

**Note:** The OAA Title Service Grid should be completed by all applicants. The Program, Services and Planning Committee and/or the Board of Directors may use the information included in the service grid when determining the funding allocations



**D. TITLE III-E SERVICE GRID – (DOES NOT APPLY)**

**II.A.3 OAA Service Delivery System: (Address your agency's ability to coordinate for the provision of OAA services covered by this RFP to OAA eligible consumers on a countywide basis or in the catchment area you intend to serve).**

Proposed services are consistent with the Area Plan for PSA 11.

**1. Title III-C-1, Congregate Meals**

- The Monroe County Nutrition Program currently offers and is applying for funds to continue providing Congregate Meals pursuant to the Service Descriptions and Delivery Standards and Special Conditions in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Meals must comply with Title III-C Meal Standards as specified in the most current guidelines established by the Florida Department of Elder Affairs, including Nutritional Analyses. When planning menus, the Age 70+ male DRI's/AI's must be followed. Also, the following nutrients must be targeted and included in the computer-assisted menu analysis: calories, protein, fat, fiber, calcium, zinc, magnesium, sodium, Vitamins, B6, B12, C, and Vitamin A (vegetable derived/carotenoid sources). Adequate amounts of calories, protein, fat, fiber, calcium, zinc, magnesium. Vitamin B6, B12, and Vitamin C must be provided daily. Vitamin A and sodium may also be averaged over one week. However, no individual meals should exceed 1200 mg of sodium.

C-1 Nutrition Services are offered at four Meal Site-Senior Center facilities strategically located in Monroe County at Plantation Key in the Upper Keys, Marathon, in the Middle Keys, Big Pine Key in the Lower Keys, and Key West. The current program provides Traditional Meals, which are developed by a Licensed Registered Dietitian in Florida and reviewed and approved by the Monroe County Nutritional Consultant and the Nutrition Program Director. All consumable items are served in compliance with required standards referenced in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. These include Nutrition and Food Safety Information in Parts G&H, Sanitation, and Staff Training Standards and any other requirements as specified by DOEA and/or the Alliance for Aging. Meals are developed to promote variety and meet the nutritional needs of the consumers and required nutritional analyses and standards. Aside from standard hot meals and conventional desserts, fresh fruit and salad meals are also included in the menus. Annual client satisfaction surveys show that program consumers have been very pleased with these items. All C-1 clients are provided with a box of 5 shelf-stable hurricane meals prior to a storm and may be given additional meals if regular congregate meal service is disrupted.

To ensure quality of service and adherence to required standards, Site visits are made to all Nutrition Program locations and Quarterly Mealsite Checklists are completed.

Transportation directly to and from clients' homes to the Meal Sites is available through the Monroe County Transportation Program, a para-transit system.

Consumers must be over 60 years of age or meet the other eligibility requirements specified in the 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Client donations for meals are encouraged but not required. All C-1 consumers are screened and assessed using the Department of Elder Affairs Congregate Meals Assessment instrument and required data is entered and maintained in the CIRTS Computer System.

According to its allotted episodes, the Nutrition Program also conducts Nutrition Education twice a year at all sites. The Program's approved Nutritional Consultant conducts classes. Topics may include the revised Food Guide Pyramid for Elders, Ways to Introduce More Fruits and Vegetable into the Diet, Proper Serving Sizes, Summer Food Safety and Emergency Preparedness Pantry. The Monroe County Health Department provides HIV-AIDS Education and Prevention for older adults at the Nutrition Sites. Nutritional counseling is conducted by the Nutritional Consultant either to a group on such topics, as dealing with diabetes or to individuals according to their personal needs.

Nutrition Outreach is provided through various promotional activities e.g. distribution and mail-out of Nutrition Program Brochures, programs presented to community and civic groups, television and radio "spots", and newspaper articles. The Program also distributes a quarterly Newsletter, "Food for Thought", to clients and groups such as AARP, churches, and libraries.

The philosophy of the Monroe County Nutrition Program is "Nurturing body, mind, and soul". As such, in addition to Food Service and Nutrition Education, through grants and volunteer services, the Monroe County Nutrition Program provides various programs and activities for the clients and others in the community who are 60 years of age and older. One very important program is provided through a partnership between the Monroe County Council of the Arts and the Nutrition Program. For the past 4 years, the Senior Lunchtime Concerts Series has provided live performances by local Keys' artists at the Nutrition Sites. This allows clients who may never have an opportunity to experience live concerts to participate and even sing along. Other activities include another grant program called, "Art for Older Adults". This provides art classes to clients, which has shown to peak their interest and improve esteem and well being. Monthly birthday parties for clients are held at several of the sites. Volunteers also present educational programs at the Meal Sites. Some examples of these are Legal Services and Elder Law, Tax Assistance provided by the AARP, and Black History Month programs provided by the County's Equal Employment Opportunity Officer. In addition Wellness Programs such as Osteoporosis Screenings are provided through the Alliance for Aging. Another

program, "Operation Senior Santa" has been ongoing for the past four years. The Nutrition Program works with members of the Keys' Rotary Clubs to assure that congregate clients have holiday parties and that all clients receive presents. Funding is also provided through a match by the District Rotary's Rotary Elder Program. Three of the programs, Operation Senior Santa, Lunchtime Senior Concert Series, and Art for Older Adults have received National Association of Counties (NACO) awards.

Through these outreach efforts, a variety of activities, and tasty nutritious food, participation in the Monroe County C-1, Congregate Meal Nutrition Program increased since 2000. Unfortunately, unless additional funds are forthcoming due to static allocations and increases in food, transportation, and personnel costs increases in numbers of clients served will not be possible.

OAA funding has already and will continue to be used for leveraging other funding and volunteer services. Since the county must provide a match, the OAA funding is used to increase the overall Nutrition Program C-1 and C-2 budgets. Also, money for food is increased using NSIP Grant funding for cash-in-lieu of commodities for all units provided and claimed in the CIRTS Program. OAA funding, which keeps the Nutrition Program going enables us to collect client donations for additional meals and access to services.

## **2. Title III-C-2, Home-Bound/Delivered Meals**

- The Monroe County Nutrition Program currently offers and is applying for funds to continue providing Home-Delivered Meals pursuant to the Service Descriptions and Delivery Standards and Special Conditions in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Meals must comply with Title III-C Meal Standards as specified in the most current guidelines established by the Florida Department of Elder Affairs, including Nutritional Analyses. When planning menus, the Age 70+ male DRI's/AI's must be followed. Also, the following nutrients must be targeted and included in the computer-assisted menu analysis: calories, protein, fat, fiber, calcium, zinc, magnesium, sodium, Vitamins, B6, B12, C, and Vitamin A (vegetable derived/carotenoid sources). Adequate amounts of calories, protein, fat, fiber, calcium, zinc, magnesium. Vitamin B6, B12, and Vitamin C must be provided daily. Vitamin A and sodium may also be averaged over one week. However, no individual meals should exceed 1200 mg of sodium.
- Home-Delivery services are provided to all eligible consumers in the county. Eligible consumers are "frail" as defined as having a physical or mental disability, including having Alzheimer's Disease, or a related disorder with neurological or organic brain dysfunction, that restricts the ability of the individual to perform normal daily tasks or which threatens the capacity of an individual to live independently". Homebound meal services are provided through the four mealsite locations throughout the Keys.

They include the Key West Truman School Site, Big Pine Site, Marathon Site, and Plantation Key Site. Clients receive either frozen or hot or fresh meals delivered directly to their homes by Nutrition Drivers and/or Nutrition Program Site Managers. All meals are provided pursuant to the Service Descriptions and Delivery Standards and Special Conditions in the DOE A December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Meals must comply with Title III-C Meal Standards as specified in the most current guidelines established by the Florida Department of Elder Affairs, including Nutritional Analyses. When planning menus, the Age 70+ male DRI's/AI's must be followed. Also, the following nutrients must be targeted and included in the computer-assisted menu analysis: calories, protein, fat, fiber, calcium, zinc, magnesium, sodium, Vitamins, B6, B12, C, and Vitamin A (vegetable derived/carotenoid sources). Adequate amounts of calories, protein, fat, fiber, calcium, zinc, magnesium. Vitamin B6, B12, and Vitamin C must be provided daily. Vitamin A and sodium may also be averaged over one week. However, no individual meals should exceed 1200 mg of sodium. Also, in conformance with the Nutrition and Food Safety Information of Part G&H of this Chapter of the Draft Department of Elder Affairs (DOEA) Draft, 1998.

The current program provides Traditional Meals, which are developed by a Licensed Registered Dietitian in Florida and reviewed and approved by the Monroe County Nutritional Consultant and the Nutrition Program Director. All consumable items are served in compliance with required standards referenced in the DOE A December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. These include Nutrition and Food Safety Information in Parts G&H, Sanitation, and Staff Training Standards and any other requirements as specified by DOE A and/or the Alliance for Aging. Meals are developed to promote variety and meet the nutritional needs of the consumers and required nutritional analyses and standards. Aside from standard hot meals and conventional desserts, fresh fruit and salad meals are also included in the menus. Through client satisfaction surveys, homebound clients have expressed their appreciation of the variety of meals served. In addition, clients with low Nutrition Scores and those with special conditions and needs may be provided with two additional meals per week. Also, if the situation warrants and funding is available clients may also receive shelf-stable breakfast meals.

If funding is available, the Monroe County C-2, Home-Delivered Meals Program has also provided Modified Texture Meals in liquid form through the use of the dietary supplement, Ensure. Ensure is provided to those C-2 clients who benefit the most from having this product. These are consumers who have very low Nutrition Scores on the Client Assessment Form and clients identified by Nutrition Site Managers as in great need to improve their Nutrition Scores and/or physical condition. Ensure is also provided to eligible consumers who cannot eat solid foods and to people over 60 who are clients of the In-Home Services Program and are referred by Case Managers who indicate the need

for a supplemental product in the Care Plan.

All C-2 clients are provided with a box of 5 shelf-stable hurricane meals prior to a storm and may be given additional meals if needed, especially if food on hand is spoiled or damaged or destroyed.

Consumers must be over 60 years of age or meet the other eligibility requirements specified in the DOA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Client donations for meals are encouraged but not required. All C-2 consumers are screened and assessed using the Department of Elder Affairs Assessment Instrument and required data is entered and maintained in the CITRUS Computer System.

The Nutrition Program also conducts Nutrition Education for Home-Delivery consumers. The Program's Nutritional Consultant develops material that is easy to read and appropriate for use by people who are homebound. This is usually in the form of a one-page handout. Topics include: the Importance of Fiber in the Diet, Adding Fruits and Vegetables to Everyday Meals, the Food Guide Pyramid for Elders and Proper Serving Sizes, Summer Food Safety and Emergency Preparedness Pantry. Educational Materials are distributed with the Home-delivered meals.

C-2 Nutrition Outreach is conducted by various promotional activities e.g. distribution and mail-out of Nutrition Program Brochures, programs presented to community and civic groups, television and radio "spots", and newspaper articles. In addition, all C-2, Home-delivery Program consumers also receive the Nutrition Program Newsletter, "Food for Thought".

In addition to Food Service and Nutrition Education, C-2 clients are provided with other types of information. These include publications received from the Department of Elder Affairs; the Education Packet used for Emergency Preparedness Training at the Meal Sites, and other publications from various volunteer and civic organizations. In addition, homebound clients are eligible to receive hot turkey dinners hand-delivered to them for Thanksgiving through the joint efforts of the Salvation Army and Monroe County Welfare and Nutrition Programs. They also receive "food and toiletries bundles" through the Welfare Program at Christmas time. Also, all C-2 clients receive annual Christmas presents through the program. C-2 clients also receive the benefits of the "Operation Senior Santa Program" by receiving annual holiday gifts. These have included such useful and important items as flashlights and portable radios and

The Nutrition Program works closely with In-Home Services to identify and meet the needs of clients who are shared by both programs. The Nutrition Program also refers special client needs to appropriate agencies.

The number of consumers in the Monroe County Home Delivered Meals program has steadily increased over the last several years. This is due in part, to the aging of the population in general, the number of people “aging in place” in the county, the large number of retirees who came to the Keys 10-15 years ago and are now at an age where they require increased services, and intensified outreach activities. In addition, recent effects of hurricanes have brought more clients to the program and even people displaced from such areas as the Louisiana gulf coast.

Hurricanes are especially difficult on elders since many must be evacuated which may lead to confusion and depression. In addition many elders in Monroe County were displaced by Hurricane Wilma and even went to hospitals. As they find other lodging or return home they may need additional supportive services to maintain them in the community. Past experience has shown that the physical and mental conditions of older adults may deteriorate as a result of storms. In addition, families who are coping with loss of income, shelter, transportation, etc. may not be able to deal with elders as well as they had before the incident. This is an important consideration in the allocation of OAA funding.

**II.A.4. CONSUMER ELIGIBILITY PROCESS: (Explain how your program will target, identify and serve eligible OAA consumers in the identified service areas. Describe the process followed to assess, coordinate and deliver OAA services to targeted consumers. Detail your agency's reporting capabilities and how these will interface successfully with the system operated by the Alliance.)**

For the Nutrition Program, client's information is collected and client's needs determined through the State Department of Elder Affairs uniform assessment tool. (DOEA Form 701 C for C-1, Congregate Meal clients and DOEA Form 701B for C-2, Home-Bound delivery clients These screening forms provide information on income, racial, ethnic, cultural or language minority status, health condition, ability to perform activities of daily living and instrumental activities of daily living and cognitive control. These indicators generate Nutrition Scores, which can help with assessment and prioritization of clients. In instances where caregivers receive nutrition services, questions can indicate inability to cop or continue with client care. Factors identified in the assessment forms help develop a picture of client needs and may lead to referrals to such agencies as Monroe County In-Home Services, Life-Line, Monroe County Welfare, and food stamp assistance.

The Nutrition Program serves people who are 60 years of age and older and targets services to those who are in greatest social and economic need, especially low-income

Targeting objectives for the provision of low-income minority persons are based on the minority person's population in the need for service and not just in proportion to minority person's percentage of the population. This is a very important factor since comparisons with county, state, and service area percentages may be misleading. As such, the goal is to increase the number of people who are low-income and minority in the number of clients served.

According to the 2005 Civil Rights Compliance data for Monroe County, prepared for the Florida Department of Elder Affairs, (based on the most recently available information, 2002 census data, provided by the Monroe County Growth Management Department), the cumulative average minority population figure for Monroe County, including African Americans, Hispanics, and others is 21%. The estimated projection for the 2004 cumulative minority population average for clients served by the In-Home Services and Nutrition Departments is approximately 27%, which is higher than the county average. This shows that efforts by these Programs to reach minority populations are resulting in higher levels of service for the intended consumers. Of the percentage of 21% minority clients approximately 20% could be classified as low-income

Efforts to solicit those in greatest social and economic need and increase minority participation, especially low-income in the Monroe County Nutrition Program include:

- Working with clergy and community leaders in areas of high concentrations of minority clients.
- Recruiting efforts such as posters and flyers placed in public housing projects, churches, and senior citizen housing, and public housing projects, which have income standards.
- Newspaper, radio, and TV programs are used to inform residents of the Keys about the Monroe County Nutrition Program.
- Eliciting assistance from Nutrition Program staff who are minorities to assist in community outreach and information in targeted areas.
- Client referrals from other agencies, especially those that deal with minority and low-income groups, including the Alliance for Aging, Veteran's Affairs, Department of Children and Families, Division of Aging and Adult Services, Wesley House Family Services, Catholic Charities, Florida Keys Outreach Coalition, and others.
- Distribution and mail-out of Nutrition Program Brochures.
- In-Home Services staff are frequent guests on media "talk" shows and on-going closed circuit local television Channel 16.

Future recruiting efforts and outreach practices will concentrate on further increasing services to those in greatest social and economic need, especially low-income minorities. In addition to the items shown above, the Nutrition Program is considering other methods of reaching persons in greatest need. These include: working with the



Cities of Key West and Marathon and the Village of Islamorada to provide more nutrition services' information in their particular communities, especially in low-income and minority areas, and providing public information programs through civic and community groups in low-income and minority areas.

**II.A.5. PRIORITIZATION SYSTEM: (What measures are in place to assist consumers in the event services have to be reduced or terminated? What plans are in place for the provision of services in case of a disaster or emergency situation?)**

The following measures are in place to deal with and address the need to reduce or terminate services and to assist clients in this situation.

1. Establish a waiting list and prioritize clients by need, income level, and other indicators specified by the Alliance and the Department of Elder Affairs. As current clients leave the programs replace them with people with the highest priorities.
2. If necessary, reduce the amount and frequency of services. This could include reduction of extra meals, changes in meals delivery schedules, and reduction of congregate service to less times per week. This will require observing the Monroe County Nutrition Program Complaint and Grievance Procedures, which are consistent with the Grievance Procedures, specified by the alliance for Aging. Each client affected by the change in service will be sent a letter advising them of the change and their right to contest the service reduction through the prescribed grievance procedures. A copy of the formal grievance procedures will be sent with the letters regarding change in service.
3. In extreme cases it may be necessary to eliminate existing clients from the programs. This could be based on Nutrition scores, other indicators in the assessment forms, and all conducting reassessments of clients in question. Again, elimination of existing clients would require notification through the established grievance procedures.
4. Finally, the Nutrition Program has Unusual Incident and Event Forms which are used to document client's complaints or other incidents relating to program activities. Clients are encouraged to consult with Site Managers about changes or concerns and if necessary, these are conveyed to the Program Director. Clients are free to approach or call the Program Director about any and all matters of concern.

Services Local Provider Disaster Plan. The most recent 2005 Plan is on file with Ed Strinko the Emergency Preparedness Official at the Alliance for Aging. The Plan is reviewed and updated annually and provided to the Alliance prior to June 1<sup>st</sup>.

Monroe County has a comprehensive program to provide evacuation notification and assistance to people with special needs. A separate Special Needs Coordinator in the Department of Social Services handles this. In addition, annual special needs surveys are provided to Nutrition clients during assessments and those needing assistance are referred to the Special Needs Coordinator.

**I.A.6.a. EXTERNAL QUALITY ASSURANCE - CLIENT SATISFACTION: (Describe process followed to determine consumer satisfaction, address consumer concerns and implement needed changes.)**

Monroe County Nutrition Program conducts annual client satisfaction surveys at all four Congregate Meal Sites and with clients who receive home delivery. When completed the findings of the questionnaires are summarized and reported to the Alliance for Aging. In addition, client comments and recommendations are reviewed and considered for implementation. All efforts are made to ensure that the clients complete the surveys in confidentiality. A sample of the survey instrument follows:

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE  
NUTRITION SITE AIDE OR NUTRITION DRIVER. THANK YOU.**

December 2005

**Monroe County Nutrition Program Client Satisfaction Survey**

1. Do you receive meals at the Meal Site or at home?  
Meal site\_\_\_\_ At Home\_\_\_\_
2. For the most part do you like the meals?  
Yes\_\_\_\_ No\_\_\_\_ Most of the time\_\_\_\_
3. What foods do you especially like?  
\_\_\_\_\_
4. Are there any foods served regularly that you don't like?  
Yes\_\_\_\_ No\_\_\_\_  
If yes, please list:  
\_\_\_\_\_  
Please list other foods you would like on the  
menu\_\_\_\_\_
5. Do you feel that the staff who provides your meals cares about you personally?  
Yes\_\_\_\_ No\_\_\_\_  
Please explain:  
\_\_\_\_\_

6. Do you feel that the staff members treat you with respect?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you feel that the staff is patient and helpful when you need them?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. How long have you participated in the Nutrition Program?  
Less than 1 year      1-3 years      3-5 years  
5-8 years \_\_\_\_\_ Over 8 years \_\_\_\_\_
9. Do you feel healthier since you have been in the Nutrition Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, Please  
Explain \_\_\_\_\_
10. What is your age?  
60-70 \_\_\_\_\_ 71-75 \_\_\_\_\_ 76-80 \_\_\_\_\_ 81-85 \_\_\_\_\_ 85+ \_\_\_\_\_
11. If you attend the meal sites, are you happy with the type and level of activities available?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
What activities would you like?  
\_\_\_\_\_
12. Do you enjoy the lunch time entertainment? \_\_\_\_\_  
Does it add to the enjoyment of your meal? \_\_\_\_\_  
Is there other entertainment you would like? \_\_\_\_\_
13. Do you feel that the Nutrition Program assisted you in dealing with  
Hurricane season? Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_
14. Additional comments or suggestions:  
\_\_\_\_\_  
\_\_\_\_\_

Also, the Nutrition Program has Unusual Incident and Event Forms, which are used to document client complaints or other incidents relating to program activities. Clients are encouraged to consult with Site Managers about changes or concerns and if necessary, these are conveyed to the Program Director. Clients are free to approach or call the Program Director about any and all matters of concern.



**II.A.6.b. INTERNAL QUALITY ASSURANCE - INTERNAL EVALUATION PROCESS:**  
(Describe internal methods to assure delivery of quality services by the applicant's staff. Attach a copy of the most recent pre-service and in-service training plans for your staff, subcontractors and volunteers.)

The following are examples of policies and procedures governing internal evaluation procedures and quality assurance. These documents are proved to all staff and volunteers. They are reviewed and revised yearly as necessary. The procedures are used as guidelines and they and related issues are discussed at regularly scheduled staff meetings.

**MONROE COUNTY NUTRITION PROGRAM SERVICE GUIDANCE**

(As revised January 2006)

TO ALL NUTRITION SITES:

**IN THE INTEREST OF BETTER SERVING OUR CLIENTS, PLEASE OBSERVE THE FOLLOWING GUIDELINES FOR THE NUTRITION PROGRAM:**

**GENERAL**

1. **THE CLIENT MUST COME FIRST.** WITHOUT THE CLIENTS WE WOULD NOT HAVE A PROGRAM OR JOBS. **A FRIENDLY ATTITUDE MUST BE MAINTAINED AT ALL TIMES.** IF PROBLEMS ARISE WITH CLIENTS, PLEASE NOTIFY THE NUTRITION DEPARTMENT OFFICE SO WE CAN HELP RESOLVE THEM.
2. ONLY NUTRITION PROGRAM EMPLOYEES OR OFFICIAL COUNTY VOLUNTEERS MAY WORK WITH THE FOOD OVENS.
3. IF AN EMPLOYEE IS OUT FROM WORK, PLEASE NOTIFY THE NUTRITION OFFICE BY 10:00 A.M. SO THAT WE MAY ENSURE ADEQUATE COVERAGE FOR THE SITE.
4. IF AN EMPLOYEE PLANS TO BE OUT OF WORK, LEAVE MUST BE PRE-APPROVED BY THE SITE MANAGER AND NUTRITION DIRECTOR AND ARRANGEMENTS MADE FOR COVERAGE OF DUTIES.
5. PURSUANT TO MONROE COUNTY'S EMPLOYEE POLICIES AND PROCEDURES, IF AN EMPLOYEE IS OUT SICK FOR OVER 3 DAYS, A DOCTOR'S NOTE MUST BE PROVIDED TO THE NUTRITION DEPARTMENT (UNLESS OTHERWISE ARRANGED WITH THE NUTRITION DIRECTOR). THERE MAY ALSO BE SOME CIRCUMSTANCES WHEN A DOCTOR'S NOTE MAY BE REQUIRED PRIOR TO 3 DAYS ABSENCE, (E.G. WHEN ABSENCE APPEARS FRIVOLOUS OR EMPLOYEE IS NOT AT HOME WHEN CONTACTED DURING THE ALLEGED ILLNESS, UNLESS ADEQUATELY JUSTIFIED.
6. REMEMBER! WE WANT TO HELP YOU. PLEASE CALL US WITH PROBLEMS, WE CAN'T HELP, IF WE DON'T KNOW WHAT'S THE MATTER!

**PAPER WORK AND FORMS**

1. ALL REQUIRED PAPER WORK SUBMITTED TO THE NUTRITION OFFICE MUST BE ON THE CORRECT FORMS AND BE NEAT AND LEGIBLE OR IT WILL BE RETURNED AND MUST BE RE-DONE. (THE ALLIANCE FOR AGING, WHICH PROVIDES OUR FUNDING, CITED US FOR THIS.) BE SURE TO FOLLOW THE INSTRUCTIONS SENT TO YOU BY ELLEN CARON.
2. IF YOU HAVE QUESTIONS ABOUT PAPER WORK, PLEASE CALL ELLEN CARON AT 305-292-4522. SHE IS ALSO AVAILABLE TO GO TO THE SITES FOR TRAINING.
3. IF FORMS, ESPECIALLY CLIENT INTAKES, ARE NOT COMPLETED FULLY AND PROPERLY, WE COULD BE CITED BY OUR FUNDING AGENCY, THE ALLIANCE FOR AGING, AND COULD BE SUBJECT TO LOSS OF FUNDS.

**SANITATION**

1. OBSERVE REQUIRED SANITATION PROCEDURES INCLUDING:
  - WASHING HANDS, (FOR AT LEAST 20 SECONDS), UTENSILS, AND SURFACES WITH HOT SOAPY WATER BEFORE AND AFTER FOOD PREPARATION AND/OR HANDLING. BE SURE TO ADEQUATELY CLEAN AREAS WITH CREVICES E.G. KNIVES WITH WOODEN HANDLES.
  - WEAR PROTECTIVE GLOVES WHENEVER POSSIBLE.
2. SITES MUST BE CLEANED EVERYDAY, AFTER THE MEAL SERVICE, USING A MIXTURE OF BLEACH AND WATER (10% SOLUTION) OR WITH THE APPROVED ANTIBACTERIAL CLEANER PROVIDED AT ALL THE SITES. THIS INCLUDES PREPARATION SURFACES, TABLES, AND CHAIRS, UTENSILS, DOORKNOBS, TELEPHONES, AND RESTROOMS, INCLUDING FAUCETS AND DOORKNOBS.
3. ALL RESTROOMS MUST HAVE SIGNS REMINDING PATRONS AND STAFF ABOUT WASHING HANDS AFTER USING TOILET.
4. ALL RESTROOMS MUST HAVE ADEQUATE SUPPLIES OF HAND SOAP AND PAPER PRODUCTS.
5. REDUCE CONTAMINATION SOURCES BY USING INDIVIDUAL SERVING SIZES OF SUGAR, SWEET AND LOW, AND CONDIMENTS E.G. KETCHUP, MAYO, ETC. WHENEVER POSSIBLE.
6. IF CLIENTS TAKE FOOD FROM THE SITE THEY MUST BE CAUTIONED THAT THIS IS AT THEIR OWN RISK AND THEY ARE RESPONSIBLE THAT IT BE CONSUMED IN AN APPROPRIATE MANNER. SIGNS SHOULD BE POSTED AT THE SITES CAUTIONING PARTICIPANTS ABOUT THIS.
7. WHEN TRANSPORTING MEALS, HOT FOOD ITEMS MUST BE MAINTAINED AT A MINIMUM OF 135 DEGREES AND COLD FOOD ITEMS MUST BE MAINTAINED AT 40 DEGREES OR LOWER. FROZEN FOODS MUST BE HELD AT 20 DEGREES OR LOWER AND/OR MUST BE FROZEN SOLID.
8. SITES ARE PROVIDED WITH "FACILITY CHECKLIST FOR CONGREGATE MEAL SITES" AS A REFERENCE FOR SANITATION REQUIREMENTS.
9. IF CONGREGATE CLIENTS ARE PROVIDED EXTRA OR "LEFT-OVER"

MEALS THAT ARE COMPLETE I.E. IN ORIGINAL PACKAGING AND UNDISTURBED, THEY MAY BE COUNTED AND REPORTED AS AN ADDITIONAL PARTICIPANT MEAL. SITE MANAGERS SHOULD USE DISCRETION WHEN PROVIDING SECOND MEALS TO C-1 CLIENTS.

### **SAFETY**

1. REPORT OUTDATED AND/OR EMPTY FIRE EXTINGUISHERS TO THE NUTRITION OFFICE IMMEDIATELY.
2. SITE MANAGERS, SITE AIDES, AND NUTRITION DRIVERS SHOULD BE TRAINED IN USING FIRE EXTINGUISHERS.
2. STAFF AND CLIENTS SHOULD BE FAMILIAR WITH ALL EXITS AVAILABLE AT THE MEAL SITES AND INSTRUCTED ON FIRE SAFETY AND EMERGENCY PROCEDURES. BIMONTHLY FIRE DRILLS ARE ENCOURAGED.
3. IMPLEMENT PRACTICES THAT REDUCE THE POTENTIAL FOR TRIPPING AND FALLING AS DEMONSTRATED IN SAFETY TRAINING.
4. SAFE PRACTICES SHOULD BE USED FOR REACHING, LIFTING, AND CLIMBING AS DEMONSTRATED IN SAFETY TRAINING.

### **PURCHASING**

1. SUPPLIES CANNOT BE ORDERED OR PURCHASED DIRECTLY FROM THE SITES. REQUESTS FOR SUPPLIES MUST BE MADE TO THE NUTRITION PROGRAM OFFICE.
2. SPECIAL FOOD PURCHASES WILL BE MADE THROUGH THE PURCHASE ORDERS ESTABLISHED FOR EACH SITE. THE CURRENT PO AMOUNT IS \$250.00. RECEIPT REIMBURSEMENTS WILL NOT BE MADE DUE TO NEW POLICIES ESTABLISHED BY THE MONROE COUNTY FINANCE DEPARTMENT.
3. SITE STAFF IS ENCOURAGED TO PURCHASE FRESH FOOD ITEMS SUCH AS TOMATOES FOR SANDWICH DAYS, HEALTHY CONDIMENTS RECOMMENDED BY THE ON-CALL NUTRITIONIST, AND GARNISHES SUCH AS PARSLEY TO ENHANCE MEAL APPEAL.
4. IF YOU WOULD LIKE TO PURCHASE ITEMS FOR ACTIVITIES SUCH AS GAMES, PUZZLES, CRAFTS, ETC., PLEASE MAKE A REQUEST TO THE NUTRITION PROGRAM OFFICE. (THIS IS ENCOURAGED HIGHLY!)

### **CLIENT SERVICES**

1. AS YOU KNOW, NUTRITION PROGRAM CLIENTS MUST BE OVER SIXTY. THE FOLLOWING MAY ALSO BE CONSIDERED AS AN "ELIGIBLE PERSON" FOR RECEIVING MEALS AT THE DONATION PRICE:
  - PEOPLE WITH HANDICAPS AND/OR DISABILITIES, REGARDLESS OF AGE, THAT RESIDE WITH AND/OR ACCOMPANY SOMEONE OVER 60 TO THE MEAL SITE.

- SPOUSES UNDER SIXTY THAT ATTEND THE MEAL SITE WITH A SPOUSE OVER SIXTY.
  - PEOPLE UNDER SIXTY MAY PARTICIPATE AS GUESTS OF CLIENTS BUT MUST PAY THE FULL MEAL PRICE OF \$2.50.
2. SITE STAFF IS ENCOURAGED TO COLLECT DONATIONS FROM CLIENTS. HOWEVER, **NO ELIGIBLE PERSON CAN BE DENIED A MEAL BECAUSE THEY DO NOT PAY.**
  3. SITE MANAGERS AND SITE AIDS ARE ENCOURAGED TO PROVIDE INTERACTIVE PROGRAMS E.G. WORD GAMES, PUZZLES, AND TRIVIAL PURSUIT, ETC., AND ACTIVITIES SUCH AS EXERCISE PROGRAMS AND OUTINGS.

MONROE COUNTY NUTRITION PROGRAM PROCEDURES FOR QUALITY ASSURANCE (August 2005)

1. All employees are trained and provided with a copy of the Nutrition Program Service Guidance document (attached) that provides basic standards and procedures for service delivery.
2. Sanitation Training is provided to all employees in accordance with the attached Training Procedures.
3. An Incident/Complaint Log (on file at the Alliance for Aging) is used to report any problems, incidents, or complaints involving clients. The Director investigates the situation and action is taken quickly.
4. Any complaints taken through phone calls are documented, followed up by the Director, and acted upon in a timely manner.
5. All Monroe County Nutrition Program personnel who deliver meals are part-time, (9 a.m.-1 p.m. or 9:30 a.m.-1:30 p.m.). As such, all meals are delivered between these hours. All employees are trained on temperature safety and holding procedures. Frozen meals meet the required temperature and hot meals are no less than 40 degrees. Milk that is delivered is no less than 41 degrees. Temperatures are monitored monthly by delivery staff and reports are kept on file.
6. Personnel Policies and Procedures for Monroe County provide for employee evaluations at 3-month and 6-month probationary periods and yearly. Any issues relating to service delivery are included in the evaluations and discussed. If an employee is designated as performing "Below Expectations", a remedial plan must be developed, the employee may be placed under probation, and another evaluation



is required in 3 months. (Forms attached). The Personnel Policies and Procedures also prescribe progressive disciplinary procedures that can address employee problems related to service delivery. An employee will be verbally counseled. This may be followed up with written disciplinary reports, and finally, with disciplinary procedures that could include termination.

7. Client Satisfaction surveys are completed annually to identify problems and address them when necessary.

#### MONROE COUNTY NUTRITION PROGRAM EMPLOYEE PROGRAM POLICIES AND PROCEDURES FOR VOLUNTARY CONTRIBUTIONS

(August, 2005 revised January 3, 2006)

1. Because the section of the Older American's Act that governs the Nutrition Program is not income based, any person over sixty is eligible for the C-1, Congregate Meal Program, people over 60 with serious medical or mental problems may be eligible for the C-2, Home-Delivered Meals Program. Donations are accepted, and can be encouraged, but are not mandatory and should never be coerced. Clients are advised that donations help purchase additional food for the program and can provide access for clients in need of transportation to the Meal Sites.
2. Consistent with the Department of Elder Affairs Manual, client donations are confidential. Nutrition Program staff who are authorized to handle client funds, including Managers and Drivers, must keep the donation and name of person donating confidential. All money collected must be placed in lock boxes until counted and included in the weekly deposits. Clients may also mail donations by check or give them to the Nutrition Site Managers and Drivers. Home-delivered clients are provided with envelopes which they can give to the staff person delivering the food or send by mail to the Site or Nutrition Office.
3. Donation boxes are opened at the end of each week and deposits are made. Staff is required to keep C-1 and C-2 donations separate and they are recorded on a special form. The Form is sent to the Nutrition Program Office and recorded by the Grant Coordinator/Accountant. Immediately after a deposit is made, receipts will be sent to the Nutrition Office, where they will be copied and used to provide cash receipts to the Finance Department.
4. Under no circumstances will Nutrition Staff handle private funds, checking accounts, or other such resources even at the request of the client. Staff must never do any banking, write any checks, or related activities for clients. Doing so will result in disciplinary measures specified in Monroe County Policies and Procedures.

5. Questions about this policy should be brought to the Program Director.
6. Because the section of the Older American's Act that governs the Nutrition Program is not income based, any person over sixty is eligible for the C-1, Congregate Meal Program, people over 60 with serious medical or mental problems may be eligible for the C-2, Home-Delivered Meals Program. Donations are accepted, and can be encouraged, but are not mandatory and should never be coerced. Consistent with the Department of Elder Affairs Manual, client donations are confidential. In all four sites in the Keys, program participants drop their money into a locked box. A small amount of dollar bills and coin are left adjacent to the box to provide change. Clients may also mail donations by check or give them to the Nutrition Site Managers. Home-delivered clients are provided with envelopes which they can give to the staff person delivering the food or send by mail to the Site or Nutrition Office.
7. Donation boxes are opened at the end of each week and deposits are made. Staff is required to keep C-1 and C-2 donations separate and they are recorded on the attached form. The Form is sent to the Nutrition Program Office and recorded by the Grant Coordinator/Accountant.
8. Clients are advised that donations help purchase additional food for the program and can provide access for clients in need of transportation to the Meal Sites.
9. This notice shall be posted at the Nutrition Site and distributed to all employees.

**III.A. REPORTING: (Describe the concrete steps your agency intends to follow in order to provide for accurate and timely entry and transmittal of all service and consumer specific information in the CIRTS database. Describe what security measures are in place to address confidentiality and consumer-specific information. Address data integrity issues by describing the steps to be followed in order to obtain data back-up and retention.)**

1. Perform new client assessments and reassessments in a timely manner.
2. Director reviews assessments for accuracy and completeness and they are entered into the CIRTS Program.
3. Turnaround Reports are printed and compared with original assessment forms. A method of triple redundancy is applied to assure accuracy. The assessment data is put in CIRTS by the Nutrition Program Administrative Assistant. Turnaround Reports and original assessment forms are compared and any mistakes noted. Incorrect reports are returned and revised. Revised forms are reviewed and approved by the Director. All Turn around reports are signed by the Program Director.
4. Use of the CIRTS Program is governed by the security measures designed and specified by the Alliance for Aging and State of Florida. Information is passed only between the provider and the Alliance for Aging. All documents are kept in locked files when not in use. All clients are provided with a written consent form, notification of privacy requirements under the HIPPA laws, and a form indicating receipt of the HIPPA procedures. Clients are requested to sign the required consent and receipt forms. These are kept in the client's files.
5. Back-up and integrity of data is provided by Monroe County Technical Services which backs up data to a secure remote location and ensures that data is protected during hurricane emergencies, etc. Monroe County Technical Services coordinates integrity procedures with Alliance for Aging Technical Services and the State of Florida Technical Services Administrator.

**IV.A. OUTCOME /OUTPUT MEASURES**

**Use the format below as needed to describe in sufficient detail the implementation strategies, action steps and/or process measures you will follow in order to meet the Service Goals (Page RFP-10), Objectives and Performance Measures identified in the chart (Pages RFP-12-RFP-15.) Use additional pages following the same format, if more space is needed.**

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOEA is being addressed*):  
To Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

2. To prevent/delay premature nursing home placement.

**STRATEGIES/ACTION STEPS** (*That will support*

1. The Nutrition Program will provide healthy, nutritious meals to eligible older adults in accordance with the standards specified in the Service Descriptions and Delivery Standards and Special Conditions in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook to support maintaining clients in the community.
2. The Nutrition Program will assist the lead agency through service referrals and practices shown in step #1 above to help in delaying institutional placement and maintain elders in the community.
3. Clients will be screened to identify those that can handle heating of meals or a hot meal will be provided to the client's home. Priority will be given to those clients with higher risk scores.

**OUTCOME** (*Select the appropriate outcome measure*):

Percent of most frail elders who remain at home or in the community instead of going to a nursing home.

**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*

At least 97% of eligible clients referred by the lead agency and assessed will be provided with nutritious meals, which comply with required standards and nutritional analyses in an effort to maintain or improve client's health so that they may remain in the community.

100% of clients will be screened for ability to heat meals.

**GOAL** *(Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):*  
To Age with Security.**OBJECTIVE** *(Explain how this objective will support the goal you have identified in the previous box):*

3. To provide prompt and appropriate services to elders referred from Adult Protective Services who meet the frailty criteria.

**STRATEGIES/ACTION STEPS** *(That will support*

1. The Nutrition Program will provide meals to elders referred by Adult Protective Services within 72 hours or less.

**OUTCOME** *(Select the appropriate outcome measure):*

Percent of Adult Protective Service (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours.

**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*

At least 97% of Adult Protective Service (APS) referrals who are in need of immediate services to prevent further harm will be served by the Nutrition Program within 72 hours.

**GOAL** *(Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):*

To Age in an Elder-Friendly Environment.

**OBJECTIVE** *(Explain how this objective will support the goal you have identified in the previous box):*

4. To Use Long-Term Care Facilities in the Most Efficient and Effective Way.

**STRATEGIES/ACTION STEPS** *(That will support*

1. Assist the Lead Agency to improve clients environment scores when possible. The Nutrition Program will use the assessment instrument and client monitoring to determine if and when a client may need to be placed in a long-term care facility.

**OUTCOME** *(Select the appropriate outcome measure):*

Percent of elders assessed with high or moderate risk environments who improved their environment score.

**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*

Improve percent of elders assessed with high or moderate risk environments who improved their environment score 79.3%.

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOEA is being addressed*):

To Age with Security.

To Age in an Elder-Friendly Environment.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

5. To help elders to have home environments that are as safe as possible. Percent of elders assessed with high or moderate risk scores environments who improved in their environment score.

**STRATEGIES/ACTION STEPS** (That will support

1. Assist the Lead Agency in reducing The Nutrition Program will use the assessment instrument and client monitoring to determine if and when a client may need to be placed in a long-term care facility.

2. The above will be done in consultation and with the recommendation of the Lead Agency.

3. All efforts will be made to try and maintain the client in the community whenever possible.

4. The Nutrition Program will provide healthy, nutritious meals to eligible older adults in accordance with the standards specified in the Service Descriptions and Delivery Standards and Special Conditions in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook to support maintaining clients in the community.

**OUTCOME** (*Select the appropriate outcome measure*):

Average monthly savings per consumer for home and community based care versus nursing home care for comparable consumer groups.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

Average monthly savings will be \$2,384.

**GOAL** (Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):

To Age in Place.

**OBJECTIVE** (Explain how this objective will support the goal you have identified in the previous box):

6. To Improve the Nutritional Status of Elders.

**STRATEGIES/ACTION STEPS** (That will support

1. Ensure that meals are provided pursuant to the Service Descriptions and Delivery Standards and Special Conditions in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Meals must comply with Title III-C Meal Standards as specified in the most current guidelines established by the Florida Department of Elder Affairs, including Nutritional Analyses. When planning menus, the Age 70+ male DRI's/AI's must be followed. Also, the following nutrients must be targeted and included in the computer-assisted menu analysis: calories, protein, fat, fiber, calcium, zinc, magnesium, sodium, Vitamins, B6, B12, C, and Vitamin A (vegetable derived/carotenoid sources). Adequate amounts of calories, protein, fat, fiber, calcium, zinc, magnesium. Vitamin B6, B12, and Vitamin C must be provided daily. Vitamin A and sodium may also be averaged over one week. However, no individual meals should exceed 1200 mg of sodium.
2. Encourage clients to increase their daily intake of water and beneficial fluids.
3. Provide effective Nutrition Education to assist clients in improving meals prepared at home and to recognize and use healthy, nutritious foods.
4. Take measures to increase Nutrition Program's education and outreach efforts.
5. If money is available. e.g. carry forward funds from the Alliance, provide additional food such as 7-day meals, breakfasts, and supplements like Ensure to high-risk clients, especially those with the highest nutrition scores and people referred by the Lead Agency.



**OUTCOME** (*Select the appropriate outcome measure*):

Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

Nutritional status of new service recipients with high-risk nutrition will improve by 66%.

In 2005 17,398 Congregate Meals were provided.

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOE is being addressed*):

To Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

7. To assist elders to maintain their independence and choices in their homes as long as possible.

**STRATEGIES/ACTION STEPS** (*That will support*

1. The Nutrition Program will review ADL scores of new recipients initially and annually.
2. The Nutrition program will make referrals to the Lea Agency when ADL assessment scores need to be improved.
3. The Nutrition Program will endeavor to maintain or improve ADL scores relating to nutrition issues such as shopping and cooking.

**OUTCOME** (*Select the appropriate outcome measure*):

Percent of new service recipients whose ADL assessment score has been maintained or improved.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

63% of new service recipient's ADL score will be maintained or improved.

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOE is being addressed*):

To Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

8. To assist elders to maintain their independence and choices in their homes as long as possible.

**STRATEGIES/ACTION STEPS** (That will support

1. The Nutrition Program will review IADL scores of new recipients initially and annually.
2. The Nutrition program will make referrals to the Lea Agency when IADL assessment scores need to be improved.
3. The Nutrition Program will endeavor to maintain or improve IADL scores relating to nutrition issues such as shopping and cooking.

**OUTCOME** (*Select the appropriate outcome measure*):

Percent of new service recipients whose IADL assessment score has been maintained or improved.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):  
62.3% of new service recipients IADL score will be maintained or improved.

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOE is being addressed*):

To Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

9. To provide caregivers with assistance/respite to help them to be able to continue providing care.

**STRATEGIES/ACTION STEPS** (That will support

1. The Nutrition Program will assess caregivers using DOEA Form 701B.
2. Caregivers needing assistance/respite will be referred to the Lead Agency.
3. Annual assessments will be compared and reviewed to determine if caregiver's ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor).

**OUTCOME** (*Select the appropriate outcome measure*):

Percent of family and family-assisted caregivers who self-report they are likely to provide care.  
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor).

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

89% of family and family-assisted caregivers who self-report are likely to provide care.

90% of caregiver's ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor).

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOEA is being addressed*):

To Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

10. Leverage a variety of non-state resources whenever possible.

**STRATEGIES/ACTION STEPS** (That will support

1. Provide Nutrition services to eligible Medicaid Waiver clients referred by the Lead Agency.

**OUTCOME** (*Select the appropriate outcome measure*):

Average time in the Community Care for the Elderly Program for Medicaid Waiver probable clients.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

2.8 months will be the probable time in the Community Care for the Elderly Program.

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOEA is being addressed*):

To Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

11. To provide prompt and appropriate services to elders who are risk of nursing home placement.

**STRATEGIES/ACTION STEPS** (That will support

1. The Nutrition Program will promptly assess elders at risk of nursing home placement referred by the lead agency.
2. The Nutrition Program will make referrals to the Lead Agency of clients who may be at risk of nursing home placement.
3. The Nutrition Program will provide nutritious meals to clients referred pursuant to the Service Descriptions and Delivery Standards and Special Conditions in the DOEA December, 1998 Draft Client Services Manual and the January 2003 Draft Home and Community Based Services Handbook. Meals must comply with Title III-C Meal Standards as specified in the most current guidelines established by the Florida Department of Elder Affairs, including Nutritional Analyses. When planning menus,

the Age 70+ male DRI's/AI's must be followed. Also, the following nutrients must be targeted and included in the computer-assisted menu analysis: calories, protein, fat, fiber, calcium, zinc, magnesium, sodium, Vitamins, B6, B12, C, and Vitamin A (vegetable derived/carotenoid sources). Adequate amounts of calories, protein, fat, fiber, calcium, zinc, magnesium. Vitamin B6, B12, and Vitamin C must be provided daily. Vitamin A and sodium may also be averaged over one week. However, no individual meals should exceed 1200 mg of sodium.

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**OUTCOME** *(Select the appropriate outcome measure):*

Percent of new customers who are at imminent risk of nursing home placement who are served with community-based services.

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**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*

90% of clients at imminent risk of nursing home placement referred by the Lead Agency will be provided services by the Nutrition Program

---

**GOAL** *(Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):*

To Age With Security.

---

**OBJECTIVE** *(Explain how this objective will support the goal you have identified in the previous box):*

14. To maximize the number of people receiving registered long-term care services.

---

**STRATEGIES/ACTION STEPS** *(That will support*

1.The Nutrition Program will work with the Lead Agency and the Alliance for Aging to maximize the number of people receiving registered long-term care services.

---

**OUTCOME** *(Select the appropriate outcome measure):*

Number of people served with registered long-term care services.

---

**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*  
167,250 people will be served by DOEA with registered long-term care services.

---

**GOAL** *(Indicate which of the 5 statewide key goals identified by the DOEA is being addressed):*

15. DOEA Internal Objective 15. Delas with co-pays. This does not apply to the Nutrition program.

---

**OBJECTIVE** *(Explain how this objective will support the goal you have identified in the previous box):*

---

**STRATEGIES/ACTION STEPS** *(That will support*

---

**OUTCOME** *(Select the appropriate outcome measure):*

---

**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*

**GOAL** (*Indicate which of the 5 statewide key goals identified by the DOE is being addressed*):

Age in Place.

**OBJECTIVE** (*Explain how this objective will support the goal you have identified in the previous box*):

16. To maintain accurate data in consumer Information Registration and Tracking System.

**STRATEGIES/ACTION STEPS** (*That will support Perform new client assessments and reassessments in a timely manner.*

1. Nutrition Program Director reviews assessments for accuracy and completeness and they are entered into the CIRTS Program.
2. Turnaround Reports are printed and compared with original assessment forms. A method of triple redundancy is applied to assure accuracy. The assessment data is put in CIRTS by the Nutrition Program Administrative Assistant. Turnaround Reports and original assessment forms are compared and any mistakes noted. Incorrect reports are returned and revised. Revised forms are reviewed and approved by the Director. All Turn around reports are signed by the Program Director.

**OUTCOME** (*Select the appropriate outcome measure*):

Percent of CIRTS data entry rate.

**OUTPUT** (*Submit your projection for achievement of the stated performance standard*):

There will be no more than a 1% error rate in CIRTS.



**GOAL** *(Indicate which of the 5 statewide key goals identified by the DOE is being addressed):*

All 5 statewide goals are addressed.

**OBJECTIVE** *(Explain how this objective will support the goal you have identified in the previous box):*

17. To effectively manage state and federal funds awarded in area agency contracts for consumer.

**STRATEGIES/ACTION STEPS** *(That will support Perform new client assessments and reassessments in a timely manner.*

1.The Nutrition Program will effectively manage state and federal funds to provide consumer services.

**OUTCOME** *(Select the appropriate outcome measure):*

Percent of state and federal funds expended for consumer services.

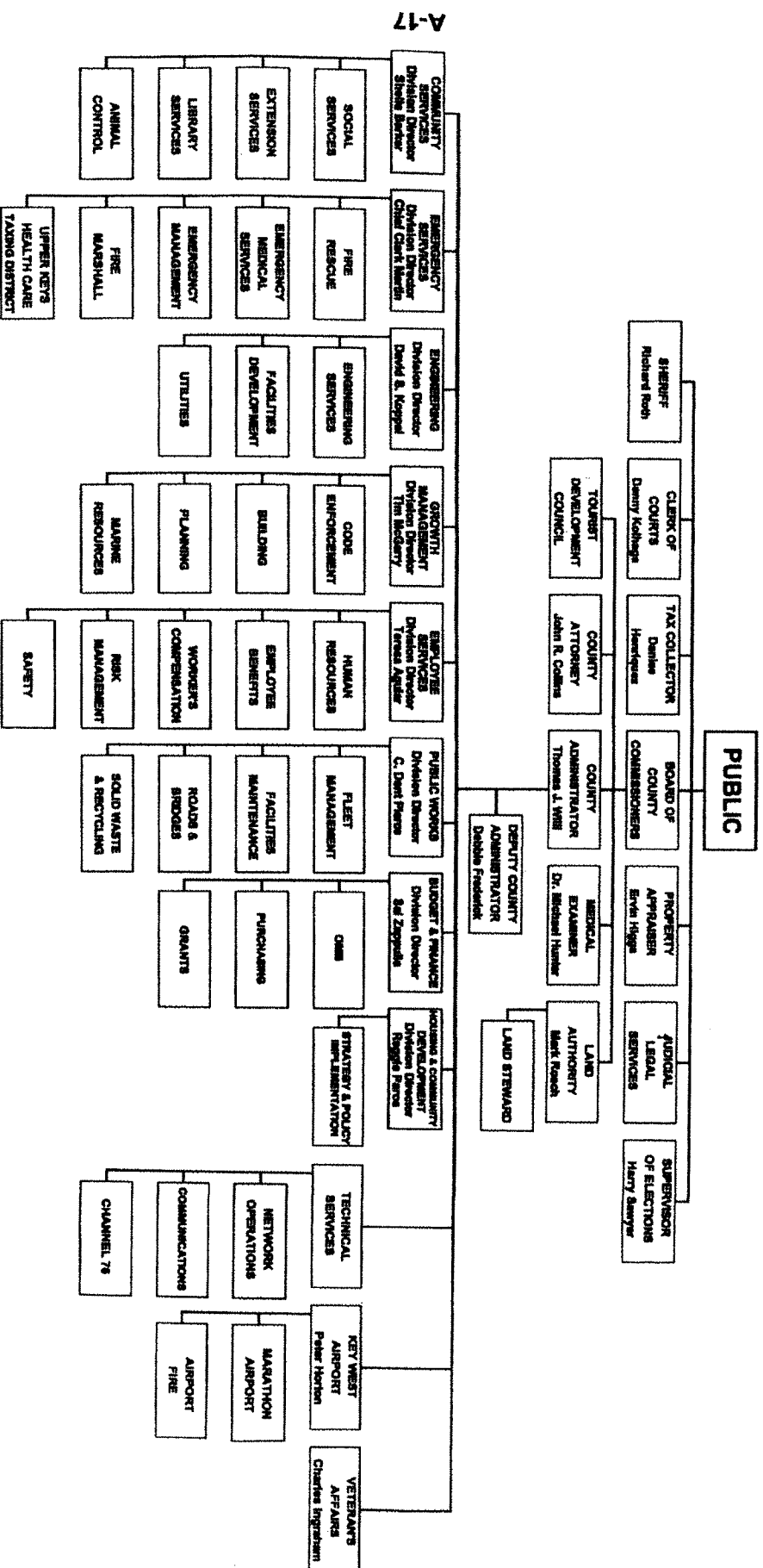
**OUTPUT** *(Submit your projection for achievement of the stated performance standard):*

100% of state and federal funds will be expended for consumer services.

**V.A. ORGANIZATIONAL CAPABILITY PULL OUT PACKAGE**

**1. Monroe County Organizational Chart**

# Adopted Monroe County Organizational Chart



**2. Job Descriptions of Community Services Director and Monroe County Nutrition Program Employees.**

Staff Positions:

**Community Services Director, Full-Time, Sheila Barker:** Primary function is to guide, direct, manage, and administrate the Community Services Division departments that consist of Social Services, In-Home Services Program, Nutrition Program, Extension Services, Library and Animal Control.

**Senior Administrator/Program Director Full-Time, Janice Drewing:** Responsible for all aspects of Nutrition Program Operations. Supervise Nutrition Program and ensure that the goals and mission are achieved as prescribed in the annual grant contracts.

Policy Development: To improve program service, increase output, and improve nutrition of clients, and prevent placement in institutions.

**Program Administrative Assistant, Full-Time, Ellen Caron:** Performs advanced administrative and clerical work in support of Nutrition Program.

**Program Site Manager (s) Izette Allen, Aleus Joseph (Key West), Sarah Marshall (Big Pine Key), Robert Brown (Marathon, and Kenneth Andrews, (Plantation Key), Part-Time:** Responsible for local operations of food service program including, Nutrition Site management, meal delivery, client interaction and satisfaction, and related activities. Must be familiar with all program requirements, policies, and procedures.

**Nutrition Driver, Harvey Sherrod(Key West), Part-Time:** Responsible for delivery of meals to clients' homes. Must be familiar with all program requirements, policies, and procedures.

Service Delivery: Prepares hot meals, salads, and components for delivery to hot/or cold meal delivery clients. Prepares and maintains delivery signature sheets and monthly delivery forms, collects contributions, protects client confidentiality, and maintains vehicles. May assist Site Managers in heating, and delivering meals. If necessary transports food from site to site. Assists in maintaining and assuring cleanliness of Nutrition Site. May substitute for other Site staff if needed and assigned. Attendance at required meetings and training classes.

**Nutritional Consultant On-Call:** Norene Sofranac. This person must be a Licensed Registered Dietitian and is responsible for developing a yearly Nutrition Education curriculum to be approved by the Nutrition Program Director and the Alliance for Aging. Other responsibilities include: teaching nutrition education classes to all Nutrition Sites twice annually and providing written information for home-delivered clients 2 times per year. Reviewing and approving menus submitted by the Program's Food Service Provider. When necessary providing individual advice and assistance to program participants. Preparing and submitting invoices for service. Position requires development of schedule, education materials, teaching, consulting, and travel to locations necessary for performance of duties.

**3. Audit Information**

The document below is the CFRR provided by the Monroe County Finance Department indicating the audit of funds for the Monroe County Nutrition and In-Home Services Programs.

**MONROE COUNTY, FLORIDA**  
**GOVERNMENTAL GRANTS SPECIAL REVENUE FUND**  
**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN**  
**FUND BALANCES - BUDGET AND ACTUAL-CONTINUED**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2004**

	<b>Original Budget</b>	<b>Final Budget</b>	<b>Actual</b>	<b>Variance with Final Budget Positive (Negative)</b>
No Discharge Zone Education	-	137,070	80,058	57,012
FK Vessell Pump-Out	-	130,000	119,874	10,126
Clean Vessell Act LE 507	-	333,333	-	333,333
Boat Ramp Repairs	-	101,660	55,000	46,660
Total Physical Environment	-	3,357,554	559,441	2,798,113
<b>Transportation:</b>				
S. Fl. Water Mgmt. Dist. Stormwater	-	100,000	36,756	63,244
Transportation Study Plan Update	-	525,227	69,818	455,409
Safety Improvement Heritage Trail	-	970,963	42,792	928,171
Florida Keys Scenic Hwy Planning	-	63,865	35,000	28,865
Bicycle Pedestrian Coordination 2001	-	174,931	73,355	101,576
Overseas Heritage Trail	-	1,760,145	526,344	1,233,801
Scenic Highway Interpretive	-	200,000	-	200,000
Total Transportation	-	3,795,131	784,065	3,011,066
<b>Economic Environment:</b>				
JTPA Liaison	-	859	-	859
Affordable Housing Coordinator	-	65,131	20,050	45,081
Total Economic Environment	-	65,990	20,050	45,940
<b>Human Services:</b>				
Residential Substance Abuse Treatment	-	292,111	172,391	119,720
Title III-B Homemaker 04/05	-	123,768	96,492	27,276
Title III-B Homemaker 03/04	-	25,610	25,524	86
Title III-C1 04/05	-	213,363	128,367	84,996
Title III-C1 03/04	-	54,437	54,050	387
Title III-C2 04/05	-	267,264	180,590	86,674
Title III-C2 03/04	-	67,997	67,724	273
Title III-E 04/05	-	55,247	35,850	19,397
Title III-E 03/04	-	17,580	17,496	84
Alzheimer's Disease Initiative 04/05	-	68,410	22,785	45,625
Alzheimer's Disease Initiative 03/04	-	61,565	55,570	5,995
Comm. Care for Disabled Adults 04/05	-	91,288	20,338	70,950

(Continued)

The notes to the financial statements are an integral part of these statements.

**4. Roster of Monroe County Board of County Commissioners**

Mayor Charles “Sonny” Mc Coy, District 3  
Mayor Pro Tem, Murray E. Nelson, District 5  
George Neugent, District 2  
Dixie M. Spehar, District 1  
David P. Rice, District 4

Monroe County is a government entity and as such does not have by-laws.



**5. Certificate of Insurance**

Attached

## 6. Administrative Assessment Checklist

## APPENDIX VII

## Administrative Assessment Checklist

Applicant Name: Monroe County BOCC Date: \_\_\_\_\_

Address: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

\_\_\_\_\_  
No. of Business  
Locations \_\_\_\_\_Director's Name:  
Mayor, Charles Mc Coy

Administrative Assessment: An assessment of your organization's managerial, financial, and administrative capabilities will be made partially on the basis of your response to the following questions. If a response other than **"yes"** or **"no"** needs to be made, please reference the appropriate question and give your response on a separate page. This information must be completed and returned with your response to Part A (Program Module) of the RFP.

- |   | YES      | NO | OTHER |
|---|----------|----|-------|
| 1. Property Management  |          |    |       |
| a. Are property records which describe the equipment make and model, grant or contract identification number, acquisition date, location and condition of equipment maintained? | <u>X</u> | —  | —     |
| 2. Procurement  |          |    |       |
| a. Are written purchasing policies for procurement of supplies, equipment, construction, and other services on file?  | <u>X</u> | —  | —     |
| 3. Accounting   |          |    |       |

## TITLE III-C – NUTRITION SERVICES

		V-52		
		YES	NO	OTHER
a.	Are financial reports prepared monthly for internal management purposes?	<u>X</u>	—	—
b.	Does an independent auditor perform a certified audit annually?	<u>X</u>	—	—
c.	Are basic books of accounting maintained?	<u>X</u>	—	—
(1)	General ledgers	<u>X</u>	—	—
(2)	Project ledgers	<u>X</u>	—	—
(3)	Accounts receivable/cash receipt journal	<u>X</u>	—	—
(4)	Accounts payable/cash disbursement journal	<u>X</u>	—	—
d.	Is there adequate segregation of duties among personnel in accounting functions listed below?			
(1)	Is payroll prepared by someone other than the timekeepers and persons who deliver paychecks to employees?	<u>X</u>	—	—
(2)	Are duties of the bookkeeper separate from cash-related functions?	<u>X</u>	—	—
(3)	Is the signing of checks limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received?	<u>X</u>	—	—
4.	Revenue			
a.	Do controls exist to ensure that all appropriate costs for eligible service provisions are billed to third party payers in a timely manner?	<u>X</u>	—	—
b.	Are there guidelines for assessing fees?	<u>X</u>	—	—
c.	Are uncollectible write-offs approved by a responsible official?	<u>X</u>	—	—
d.	Are all checks marked " <b>For Deposit Only</b> " immediately upon receipt?	<u>X</u>	—	—
e.	Are receipts deposited on a regular basis?	<u>X</u>	—	—
5.	Expenditures			
a.	Are expenditure entries posted by cost centers?	<u>X</u>	—	—
b.	Is there a system for allocating direct cost when the project is funded by two or more sources?	<u>X</u>	—	—
c.	Are time and attendance records kept for all employees by program, and by funding source?	<u>X</u>	—	—
d.	Are Federal quarterly payroll tax forms (U.S. 941) submitted in a timely manner?	—	—	—

## TITLE III-C – NUTRITION SERVICES

V-53  
YES NO OTHER

- |                  |  |          |   |   |
|------------------|--|----------|---|---|
| e.               | Are individual payroll records maintained on each employee?  | <u>X</u> | — | — |
| 6. Disbursements |  |          |   |   |
| a.               | Are checks issued in pre-numbered sequential order and are all applicable check numbers accounted for? | <u>X</u> | — | — |
| b.               | Are banks notified in writing when authorized check signers terminate employment with the provider?    | <u>X</u> | — | — |
| c.               | Are ledgers/journals reconciled to bank statements on a monthly basis?                                 | <u>X</u> | — | — |
| d.               | When not in use, are checks locked in a secure cabinet?  | <u>X</u> | — | — |
| e.               | Are disbursements from petty cash documented by approved supporting invoices?                          | <u>X</u> | — | — |
| 7. Personnel     |  |          |   |   |
| a.               | Are personnel policies in writing and approved by appropriate authority?                               | <u>X</u> | — | — |
| b.               | Are job descriptions provided to all employees at time of initial employment?                          | <u>X</u> | — | — |
| c.               | Are job descriptions on file for all positions?  | <u>X</u> | — | — |
| d.               | Is each staff member appraised on performance, at least annually?                                      | <u>X</u> | — | — |

**VI. A. APPLICANT'S QUALIFICATIONS AND PRIOR EXPERIENCE**

The applicant shall provide a detailed description of its qualifications and prior experience performing tasks similar or relevant to those required in this RFP. The discussion should include a description of the applicant's background and relevant experience that qualifies it to provide the services required by this RFP.

To complete the documentation of the applicant's qualifications and experience, the applicant must document previous contracted supportive services, nutrition services, caregiver services or other services related programs similar or relevant to the one described in this RFP, whether such services were provided to elderly or other populations. For each, the documentation should include a description of the services delivered; the contract period and the name, address, and telephone number of the contact person for each of the contracting agencies and shall include copies of any monitoring reports, corrective actions and/or other relevant information.

**QUALIFICATIONS AND PRIOR EXPERIENCE**

The Monroe County Nutrition Program has been providing self-sustaining services to elders in the county for over 20 years. As such, we are extremely knowledgeable of the clients we serve and the nuances related to the population and ways of doing business, in this very special place, the Florida Keys. For example, in some areas many of the older adults that we assist are original residents (Conchs) who have lived here all their lives and are aging-in-place in their homes and community. A large number of them have family members remaining in the Keys who will need our services in the future. Many clients of the Key West Truman School Nutrition Site have been receiving services through the Nutrition Program for over 20 years and consider the staff and fellow clients as family. In other places our consumers are retirees on fixed incomes, many of whom became residents in the last 10-15 years. Other clients have relocated to the Keys to be with family members as they age. We also must consider the effect of seasonal residents on our demand for services. Our programs are very aware of and sensitive to the differing ethnic and cultural needs of our clients. We are also aware of unanticipated and critical needs which, arise from such events as economic downturns and recessions and the negative effect of natural disasters such as hurricanes.

The Nutrition Program Meal Sites are located in the geographic centers of their service areas, and many are accessible by bicycle and walking. All sites are served by the Monroe County Transportation Program which provides very low-cost (\$.50 one-way) transit services for people over 60.

The Nutrition Program has the background and experience to best carry out the services provided through the Older Americans' Act and requested through this proposal for 2006 OAA funding. Fortunately, In-Home Services, the Lead Agency has had a very low occurrence of staff turnover. As such, the service providers who go into consumer's home tend to be the same people over a long period of time. The Nutrition program also has a low turnover rate. As such, staff knows the clients whom they serve and are familiar with their particular needs and personalities. The Program has a high rate of client satisfaction as indicated in client surveys conducted in the past five years. Comments are especially favorable about program employees.

The Monroe County Nutrition Program has a very good track record for maximizing grant funds, expanding services, and targeting those with the greatest need for social and economic services and minorities. For example, the Monroe County Nutrition Program has increased its number of clients served in the program, including Congregate and Home-Delivery by 20% over the past five years. One reason for this has been the expansion of activities at the Meal Sites, increased advertising of events and services, expanded public information and community outreach. Considering the logistical difficulties of operating programs over a 120 mile distance, in a county which has the highest cost of living and doing business in the state, with the support of the Monroe County Board of Commissioners, services to elders are provided in the most cost-effective ways and in a manner most beneficial to the clients.

Our services operate under the "full faith and credit" of Monroe County, which was established in 1824. State Audits have historically been successful. Our governing body, the Board of County Commissioners (BOCC), has been extremely sensitive to the needs of older adults in the area and is keenly aware of the advantage of maintaining elders in their homes, living as independently as possible, and of the need to prevent premature institutionalization. The Board members are very appreciative of the availability of funding from OAA grants and work hard at maximizing the use of this money. The Nutrition Program and In-Home Services Program have been the primary social services providers in the county. Although, incorporated municipalities in the Keys contribute tax funds to Monroe County for social services, they do not provide any direct programs to their residents. Because of the logistical difficulties and expense of operating in the Keys, there are a limited number of agencies that provide such services as home-health care, assistance with activities of daily living, housekeeping, food service, and nutrition education. These agencies and programs have historically served as the chief referral resource for people in need of assistive services and have an excellent track record in this area. Because long-term service to the community and experience in the field, the Program's have been very successful in working with other agencies, including those on the local, state, and federal levels, and in leveraging available resources.

In summary, the Nutrition Programs and In-Home Services Programs have the positive agency history, breadth of experience, familiarity with clients and their needs, successful service record, logistical ability and knowledge of doing business in the Keys. They also have the ability to leverage funding and resources and solid financial backing needed to successfully and effectively provide the services to elders requested in this proposal.

Experience of the current Nutrition Program Director includes administration of OAA grants from 2000-2005. However, OAA support for the Program began much earlier than that. Food service delivery to elders in Monroe County began with the inception of the Title C-III programs established under the Older Americans' Act in 1973 and have been ongoing. Services provided under OAA funding in the past have included provision of Congregate and Home-Bound Meals, Nutrition Counseling and Education, and Recreational Activities. Up until October 2005, the contact person was Louis La Torre, Monroe County Social Services Director, 1100 Simonton Street, Key West, FL 33040, 305-292-4573. The current contact person is Sheila Barker, Director of Community Services, 1100 Simonton Street, Key West, FL 33040, 305-292-4500.

Over the years the Nutrition Program has had several monitoring visits. Reports and any corrective actions are on file with the Alliance for Aging. A copy of the most recent monitoring report (date) is attached.





**I.B. UNIT COSTING WORKSHEET**

**AVAILABLE FOR DOWNLOAD AT THE ALLIANCE WEBSITE:**

**[www.allianceforaging.org](http://www.allianceforaging.org)**

**II.B. SUPPORTING BUDGET BY PROGRAM ACTIVITY**

**AVAILABLE FOR DOWNLOAD AT THE ALLIANCE WEBSITE:**

**[www.allianceforaging.org](http://www.allianceforaging.org)**

Sheet1

Non-bill time per week	Travel time	Meetings, etc	Paperwork	Supplies, etc	Tot per wk	Tot per yr
Homemakers lower keys	3.75	0.25	1.25	0.25	5.5	286
Homemakers midd/upp	7.5	0.25	1.25	0.25	9.25	481
Pers care lower keys	5	0.25	1.25	0.25	6.75	351
Pers care midd/upp	7.5	0.25	1.25	0.25	9.25	481
Respite lower keys	0.5	0.25	1.25	0.25	2.25	117
Respite upp/midd	0.75	0.25	1.25	0.25	2.5	130
Case mgr lower keys	0	5	1	0.25	6.25	325
Case mgr midd/upp	0	3	1	0.25	4.25	221

Salary increases

Employees get 5% merit increase on their anniversary dates in FY06 for satisfactory performance. This has been entered as 2.5%, since anniv dates vary (avg time at 5% higher assumed to be 6 months). Cost of living increase on Oct. 1, 2006 was assumed to be 3.3%, the same as on Oct 1, 2005. Three months at 3.3% increase = .825% effective annual increase (.033 \* 3/12). Total increase entered for grant year is 3.325 (2.5 + .825)

Benefits percentages

Average Retirement	8.55
Average Worker's Comp	5.84
FICA	7.65
Total	22.04

Health Insurance

Carron, Ellen	Admin Asst	Y	
Albury, Dotti	Admin Asst	Y	
Klein, Aylene	Personal Care Supvr, county-wide	N	
Simpson, Deloris	Sr Admin. In Home Services	Y	
Drewing, Janice	Sr Admin. Nutrition	Y	5 Mgt
Arroyo, Henry	Case Mgr. Lower Keys	Y	
Talbot, Jon	Case Mgr. Middle/Upper Keys	Y	2 Case mgt
Joseph, Alexis	Driver, Key West	N	

Sheet1

Anderson	Grants Accountant	Y		
Helbin, Kathryn	Homemaker, Big Pine Key	N		
Pawlus, Dorothy	Homemaker, Big Pine Key	N		
Godlewski, Bernadette	Homemaker, Lower Keys	N		
Reid, Emeen	Homemaker, Lower Keys	Y		
Nelson, Dori	Homemaker, Lower Keys	Y		
Lee, Wanda	Homemaker, Lower Keys	Y		
Conroy, Isabel	Homemaker, Upper Keys	Y		
Simmons, James	Homemaker, Upper Keys	Y		
Edwards, Norma	Personal Care, KVV to BPK	Y		
Soldo, Bonnie	Personal Care, Lower Keys	Y		
Seay, Sandra	Personal Care, Middle Keys	Y		
Joyce, Tonny	Personal Care, Upper Keys	Y		
Coone, Karen	Personal Care, Upper Keys	Y		
Teale, Constance	Respite Worker, Lower Keys	N		
Dotschay, Carola	Respite Worker, Upper Keys	N		
Vacant	Site Asst. Key West	N		
Ramsey, Barbara	Site Asst. Marathon	N		
Marshall, Sarah	Site Mgr. Big Pine Key	N		
Allen, Izette	Site Mgr. Key West	N		
Brown, Robert	Site Mgr. Marathon	N		
Andrews, Ken	Site Mgr. Plantation Key	N		
			17 yes	17 at 790/mo
				161160

Actual Oper Exp (est for comparison only)

2005	2006
6153005	3307
6153105	56382
6153205	83699
6153405	37981
6153605	1086
6153705	3661
6153805	6290
6153905	15
	192421
	16833
	209254

**A B C D E F G H I J K L M N**

**1 FLORIDA DEPARTMENT OF ELDER AFFAIRS**

**2 SIMPLIFIED UNIT COST METHODOLOGY**

**3 PERSONNEL COSTS WORKSHEET**

**4 BUDGET YEAR: 2006**

**5 RECIPIENT NAME: Monroe County Board of County Commissioners**

% Increased by:

3.325%

STAFF	POSITION DESCRIPTION	CURRENT WAGES	PROPOSED INCREASE	PROPOSED BUDGET	GROSS AVAILABLE HOURS	HOLIDAY HOURS	SICK LEAVE	ANNUAL LEAVE	OTHER NON- BILLABLE TIME	NET AVAILABLE HOURS	Management & General Cost Pool		
											% OF TIME	HR/UNIT	WAGE COST
11	Arroyo, Henry	41,556.00	1,381.74	42,937.74	2,080.0	96.0	104.0	130.0	325.0	1,630.0	0.00%	1,458.9	37,684.84
12	Conroy, Isabel	28,382.00	943.70	29,325.70	2,080.0	96.0	104.0	130.0	481.0	1,425.0	0.00%	-	-
13	Doone, Karen	31,821.00	1,058.05	32,879.05	2,080.0	96.0	104.0	156.0	481.0	1,269.0	0.00%	-	-
14	Dolschay, Gerald	14,633.00	486.55	15,119.55	1,248.0	57.6	52.4	62.4	78.0	1,243.0	0.00%	-	-
15	Edwards, Norma	27,214.00	904.67	28,118.67	2,080.0	96.0	104.0	104.0	481.0	987.6	0.00%	-	-
16	Godlewski, Bernard	15,361.00	510.75	15,871.75	1,248.0	57.6	62.4	104.0	481.0	1,295.0	0.00%	-	-
17	Halpin, Kathryn	18,080.00	601.16	18,681.16	1,300.0	50.0	65.0	65.0	178.8	894.0	0.00%	-	-
18	Hayne, Tanna	32,400.00	1,077.30	33,477.30	2,080.0	96.0	104.0	156.0	481.0	931.3	0.00%	-	-
19	Klein, Aylene	2,101.44	69.87	2,171.31	96.0	-	-	-	8.0	1,243.0	0.00%	-	-
20	Lee, Wanda	31,852.00	1,059.08	32,911.08	2,080.0	96.0	104.0	182.0	266.0	1,412.0	0.00%	-	-
21	Nelson, Dorri	23,562.00	783.44	24,345.44	2,080.0	96.0	104.0	104.0	266.0	1,490.0	0.00%	-	-
22	Paylis, Dorothy	11,781.00	391.72	12,172.72	1,040.0	48.0	52.0	52.0	44.0	745.0	0.00%	-	-
23	Reid, Eriquer	23,949.00	796.30	24,745.30	2,080.0	96.0	104.0	104.0	266.0	1,490.0	0.00%	-	-
24	Seay, Sandra	31,321.00	1,038.10	32,359.10	2,080.0	96.0	104.0	104.0	451.0	1,295.0	0.00%	-	-
25	Simmons, James	27,551.00	916.07	28,467.07	2,080.0	96.0	104.0	156.0	451.0	1,243.0	0.00%	-	-
26	Simpson, Detroit	57,125.00	1,899.41	59,024.41	2,080.0	96.0	104.0	130.0	120.0	1,604.0	76.00%	1,219.0	44,858.55
27	Soldo, Bonnie	28,838.00	958.85	29,796.85	2,080.0	96.0	104.0	130.0	26.0	1,399.0	0.00%	-	-
28	Taule, Jon	48,218.00	1,603.25	49,821.25	2,080.0	96.0	104.0	152.0	22.0	1,477.0	0.00%	-	-
29	Teale, Constance	14,629.00	486.41	15,115.41	1,248.0	57.6	62.4	62.4	79.2	995.4	0.00%	-	-
30	Anderson, Joe	37,947.00	1,261.74	39,208.74	2,080.0	96.0	104.0	104.0	120.0	1,656.0	0.00%	1,490.4	35,287.86
31	Allen, Irene	15,207.00	505.63	15,712.63	1,040.0	96.0	52.0	52.0	62.0	780.0	0.00%	-	-
32	Andrews, Ken	15,745.00	523.52	16,268.52	1,040.0	96.0	52.0	52.0	62.0	780.0	0.00%	-	-
33	Brown, Robert	16,706.00	555.47	17,261.47	1,040.0	96.0	52.0	52.0	62.0	780.0	0.00%	-	-
34	Joseph, Alexis	13,533.00	453.30	14,086.30	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-
35	Ramsey, Barbara	12,984.00	431.72	13,415.72	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-
36	Marshall, Sarah	15,140.00	503.41	15,643.41	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-
37	Johnson, Ray	11,777.00	391.59	12,168.59	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-
38	Caron, Ellen	35,144.00	1,168.54	36,312.54	2,080.0	96.0	104.0	104.0	62.0	1,656.0	0.00%	1,324.8	29,050.03
39	Sherrad, Harvey	11,777.00	391.59	12,168.59	1,040.0	96.0	52.0	52.0	60.0	780.0	0.00%	-	-
40	Sherrad, Harvey	56,047.00	1,863.55	57,910.55	2,080.0	96.0	104.0	104.0	120.0	1,656.0	0.00%	1,324.8	45,328.45
41	Dreving, Janice												
42					49,860.0	2,632.8	2,488.2	2,956.2	6,370.6				
43	<b>TOTAL WAGES</b>												
44	<b>PERCENTAGE OF WAGES</b>	<b>793,132.44</b>	<b>26,371.85</b>	<b>819,504.09</b>									
45				<b>100.0%</b>									
46	<b>TOTAL HOURS</b>												
47	<b>PERCENTAGE OF HOURS</b>												
										<b>35,412.25</b>		<b>6,817.9</b>	<b>193,209.74</b>
										<b>100.0%</b>		<b>19.3%</b>	<b>23.6%</b>

	Facilities & Maintenance Cost Pool			Basic Subsidy			Case Management			Congregate Meals C1			Home Delivered Meals C2		
	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST
8															
9															
10	0.00%	-	-	0.50%	8.2	210.53	0.00%	-	-	0.00%	-	-	0.00%	-	-
11	0.00%	-	-	0.00%	7.1	214.89	89.50%	1,275.4	38,429.27	0.00%	-	-	0.00%	-	-
12	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
13	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
14	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
15	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
16	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
17	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
18	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
19	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
20	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
21	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
22	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
23	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
24	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
25	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
26	0.00%	-	-	3.00%	48.1	1,770.73	10.00%	160.4	5,902.44	0.00%	-	-	0.00%	-	-
27	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
28	0.00%	-	-	0.50%	7.4	249.11	89.50%	1,321.9	44,590.02	0.00%	-	-	0.00%	-	-
29	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
30	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
31	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
32	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
33	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
34	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
35	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
36	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
37	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
38	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
39	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
40	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-
41															
42															
43															
44															
45															
46															
47	0.00%	-	-		70.8	2,445.06		2,757.7	88,921.73		4,207.8	83,155.96		2,742.6	52,413.88
					0.2%	0.3%		7.8%	10.9%		11.9%	10.1%		7.7%	6.4%

5

Homemaker				Nutrition Education				Personal Care				Respite (Facility Based)				Respite (In-Home)			
	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST				
9																			
10	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
11	100.00%	1,269.0	29,325.70	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
12	0.00%	-	-	0.00%	-	-	90.00%	1,118.7	29,591.14	0.00%	-	-	0.00%	-	-				
13	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
14	0.00%	-	-	0.00%	-	-	100.00%	1,295.0	28,118.87	0.00%	-	-	0.00%	-	-				
15	90.00%	804.6	14,284.58	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
16	100.00%	931.3	18,681.16	0.00%	-	-	100.00%	1,243.0	33,477.30	0.00%	-	-	0.00%	-	-				
17	0.00%	-	-	0.00%	-	-	90.00%	79.2	1,954.18	0.00%	-	-	0.00%	-	-				
18	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
19	100.00%	1,412.0	32,911.08	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
20	100.00%	1,490.0	24,345.44	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
21	100.00%	745.0	12,172.72	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
22	100.00%	1,490.0	24,745.30	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
23	0.00%	-	-	0.00%	-	-	100.00%	1,295.0	32,259.10	0.00%	-	-	0.00%	-	-				
24	100.00%	1,243.0	28,467.07	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
25	5.00%	80.2	2,951.22	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
26	0.00%	-	-	0.00%	-	-	100.00%	1,399.0	29,796.86	0.00%	-	-	0.00%	-	-				
27	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
28	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
29	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
30	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
31	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
32	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
33	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
34	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
35	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
36	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
37	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
38	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
39	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
40	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-	0.00%	-	-				
41																			
42																			
43																			
44																			
45																			
46																			
47																			
											</								

GG GH GI GJ GK GL GM GN GP GQ GR GS GT GU GV GW GX GY GZ

	Specialized Medical Equipment, Services & Supplies			Non-DOEA Services & Activities			Fundraising & Unallowable Activities			% age Check Total
	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	% OF TIME	HR/UNIT	WAGE COST	
10	0.00%	-	-	10.00%	163.0	4,210.60	0.00%	-	-	100.00%
11	0.00%	-	-	0.00%	142.5	4,293.77	0.00%	-	-	100.00%
12	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
13	0.00%	-	-	10.00%	124.3	3,287.90	0.00%	-	-	100.00%
14	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
15	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
16	0.00%	-	-	10.00%	89.4	1,587.18	0.00%	-	-	100.00%
17	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
18	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
19	0.00%	-	-	10.00%	8.8	217.13	0.00%	-	-	100.00%
20	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
21	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
22	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
23	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
24	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
25	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
26	0.00%	-	-	6.00%	96.2	3,541.46	0.00%	-	-	100.00%
27	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
28	0.00%	-	-	10.00%	147.7	4,982.12	0.00%	-	-	100.00%
29	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
30	0.00%	-	-	10.00%	165.6	3,920.87	0.00%	-	-	100.00%
31	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
32	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
33	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
34	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
35	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
36	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
37	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
38	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
39	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
40	0.00%	-	-	0.00%	-	-	0.00%	-	-	100.00%
41	-	-	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-	-	-	-
47	0.0%	-	-	937.5	26,041.05	3.2%	0.0%	-	-	-
				2.6%						



LINE ITEM EXPENSES	Prior Year Historical Costs	Proposed Increase/Decrease	Proposed Budget Totals	Management & General Cost Pool	Basic Subsidy	Case Management	Congregate Meals C1	Home Delivered Meals C2	Homemaker	Nutrition Education
8 Wages	793,132.44	26,371.65	819,504.09	193,209.74	2,445.06	88,921.73	83,156.96	52,413.88	187,894.27	-
9 Fringe Benefits ( Formula Allocated) (incl man frir	335,956.39	3.325%	347,137.27	32,072.55	1,033.71	17,758.74	36,224.39	22,202.22	29,816.71	-
10 Fringe Benefits ( Manual Allocation)	161,159.00	5%	169,218.00	49,770.00	-	19,908.00	-	-	49,770.00	-
11 Travel	27,787.00	0%	27,787.00	27,787.00	-	-	-	-	-	-
12 Education/Training	500.00	0%	500.00	500.00	-	-	-	-	-	-
13 Communications & Utilities	4,690.00	3%	4,830.70	4,830.70	-	-	-	-	-	-
14 Printing & Supplies	7,218.00	3%	7,434.54	7,434.54	-	-	-	-	-	-
15 Advertising	850.00	0%	850.00	850.00	-	-	-	-	-	-
16 Insurance	17,054.00	3%	17,565.62	17,565.62	-	-	-	-	-	-
17 Maintenance & Repair	3,200.00	3%	3,296.00	3,296.00	-	-	-	-	-	-
18 Rent	3,200.00	0%	3,200.00	3,200.00	-	-	-	-	-	-
19 Equipment	-	0%	-	-	-	-	-	-	-	-
20 Professional fees/Legal/Audit	1,329.00	0%	1,329.00	1,329.00	-	-	-	-	-	-
21 Sub-contractors #1 (\$0) Bayshore Manor	40,725.00	-50%	20,362.50	-	-	-	-	-	-	-
22 Sub-contractors #2 (\$0) Nutrition Educ.	3,000.00	0%	3,000.00	-	-	-	-	-	-	-
23 Sub-contractors #3 (\$0)	-	0%	-	-	-	-	-	-	-	-
24 Sub-contractors #4 (\$0)	-	0%	-	-	-	-	-	-	-	-
25 Sub-contractors #5 (\$0)	-	0%	-	-	-	-	-	-	-	-
26 Program Supplies	-	0%	-	-	-	-	-	-	-	-
27 Depreciation	-	0%	-	-	-	-	-	-	-	-
28 Food & Food Supplies	164,432.00	0%	164,432.00	-	-	-	72,480.00	94,952.00	-	-
29 Other (med eqpt, serv, supplies)	2,000.00	0%	2,000.00	-	-	-	-	-	-	-
30 TOTAL ALLOWABLE COSTS	1,566,243.83	-	1,592,446.73	341,845.14	3,480.77	126,588.47	190,860.35	159,568.10	267,470.98	3,000.00
31										
32 Service Subcontract Allowance (manually input up to \$25,000/per contract, per OMB Circ A-122)										
33 Service Subcontract Adjustment										
34										
35 Reallocate Management & General Costs										
36 Total Modified Direct Costs					1100.33	40016.93	60334.45	50442.4	84552.47	948.35
37					3,480.77	126,588.47	190,860.35	159,568.10	267,470.98	3,000.00
38 Reallocate Facilities & Maintenance (Space) costs										
39 Square Footage Occupied	11									
40										
41 TOTAL COSTS BY SERVICE			1,423,228.73							
42 Budgeted In-Kind Valuation					4,581.10	166,606.41	251,194.80	210,010.50	352,023.45	3,948.35
43 Total Costs Plus In-Kind by Service					4,581.10	166,606.41	251,194.80	210,010.50	352,023.45	3,948.35
44										
45 Number of Billing Units (estimated)					300	2,757	22,000	27,000	9,455	0
46										
47 UNIT COST (Actual Cost)					15.27	60.43	44.89	7.78	37.19	438.71
48										
49 UNIT RATE (Actual Cost Less In-Kind Support)					15.27	60.43	11.42	7.78	37.19	438.71

	AW	BF	BG	BL	BP	BQ	BR	BS	BT
1									
2									
3									
4									
5									
6									
7									
8	Personal Care	Respite (Facility Based)	Respite (In-Home)	Specialized Medical Equipment, Services & Supplies	Non-DOEA Services & Activities	Total Program Costs	Fundraising & Unallowable Activities		Check for Total Costs
9	155,197.45	-	30,234.96	-	26,041.05	626,294.36	-	-	26,041.05
10	15,970.76	-	12,807.36	-	11,030.84	145,846.73	-	-	180,248.84
11	49,779.00	-	-	-	-	119,448.00	-	-	-
12	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	-	-	-	-
14	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-
18	-	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-	-
21	-	20,362.50	-	-	-	20,362.50	-	-	-
22	-	-	-	-	-	3,000.00	-	-	-
23	-	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-	-
29	-	-	-	-	7,000.00	164,432.00	-	-	7,000.00
30	-	-	-	2,000.00	-	2,000.00	-	-	-
31	220,938.21	20,362.50	43,042.32	2,000.00	44,071.88	1,081,383.58	-	-	213,289.88
32	-	20,362.50	-	-	-	-	-	-	(23,362.50)
33	-	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-	-
35	69842.61	6436.96	13606.46	632.24	13931.93	-	0	-	-
36	220,938.21	20,362.50	43,042.32	2,000.00	44,071.88	-	-	-	-
37	-	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-	-
39	1	1	1	1	1	1	-	-	-
40	-	-	-	-	-	-	-	-	-
41	290,780.82	26,799.46	56,648.78	2,632.24	58,003.81	-	-	-	-
42	-	-	-	-	-	-	-	-	-
43	290,780.82	26,799.46	56,648.78	2,632.24	58,003.81	-	-	-	-
44	-	-	-	-	-	-	-	-	-
45	6,430	2,300	1,983	1	n/a	-	-	-	n/a
46	-	-	-	-	-	-	-	-	-
47	45.27	11.85	28.57	2632.24	n/a	-	-	-	n/a
48	-	-	-	-	-	-	-	-	-
49	45.22	11.65	28.57	2,632.24	n/a	-	-	-	n/a

\* (Indicate all DOE funding sources applicable to your agency)

ORIGINAL DATE

**Funding Source**

**Funding Source**

(XX)	Title III B
------	-------------

( ) Title III C

( ) Title III C

( ) Title III

(XX) Tide III E

( ) Contract

## Services

**12** Provider Name: Monroe County In Home Services

[illegible]

**III.B and IV.B**

**APPENDIX III**

**Acceptance of Contract Terms and Conditions**

In the event, Monroe County Nutrition Program

should be awarded a contract for the provision of services funded under Title III-C of the Older Americans Act Program

Name of Applicant: Monroe County Nutrition Program

agrees to abide by the terms and conditions specified in this RFP, including but not limited to the model contract and master agreement in Appendix I.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# 3020505\_v2

JANUARY 2006

**APPENDIX IV****Statement of No Involvement**

I, \_\_\_\_\_, as an authorized representative of \_\_\_\_\_, certify that no member of this firm nor any person having interest in this firm has been awarded a contract by the Alliance for Aging, Inc., on a noncompetitive basis to:

- (1) develop this RFP;
- (2) perform a feasibility study concerning the scope of work contained in this RFP; or
- (3) develop a program similar to what is contained in this RFP.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



**V.B. MATCH COMMITMENT OF CASH DONATION**Agency Name:  

---

Donor Identification:  

---

Name:  
Street:  
City:  
State:  
Zip:  
Phone:Authorized Representative:  

---

Total Amount: \$

# Payments:

Amount/Payment: \$

Contribution Period:  

---

Special Conditions:  

---

---

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

---

Signature of Donor or Representative

---

Date

JANUARY 2006

**VI.B. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE**

Not Applicable.

Agency Name:

Donor Identification:

Name:  
Street:  
City:  
State:  
Zip:  
Phone:

Authorized Representative:

Description of Space: ☐ Office ☐ Site ☐ Other

Provider Owned Space:

1. Number of square footage used by project:	<u>sq/ft</u>
2. Appraised rental value per square foot:	<u>\$</u>
3. Total value of space used by project (1x2):	<u>\$</u>

Donor Owned Space:

1. Established monthly rental value:	<u>\$</u>
2. Number of months rent to be paid by donor:	
3. Value of donated space (1x2):	<u>\$</u>

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

JANUARY 2006



**VII. B. MATCH COMMITMENT OF SUPPLIES**

Not Applicable

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under\_(cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

**VIII. B. MATCH COMMITMENT OF EQUIPMENT**

Not Applicable

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The equipment described below is committed for use by the project for the period of:

<u>ITEM DESCRIPTION</u>	<u>NUMBER COST</u>	<u>ACQUISITION VALUE</u>	<u>VALUE TO PROJECT*</u>
1.			
2.			
3			
4			
5			
<b>TOTAL VALUE CLAIMED:</b>			\$

\*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6□% of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

JANUARY 2006

**IX. B. MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES  
BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**

Not Applicable

Agency Name:

Donor Identification:

Name:  
Street:  
City:  
State:  
Zip:  
Phone:

Authorized Representative:

---

The personal services described below are committed for use by the project for the period of:

Description of Positions:

<u>POSITION TITLE</u>	<u>SERVICE</u>	<u>HOURLY RATE OR ANNUAL SALARY</u>	<u>HOURS WORKED</u>	<u>VALUE TO PROJECT*</u>
1.				
2.				
3.				
4.				
5.				
			<b>TOTAL</b>	<b>\$</b>

\*Value to project = (hours worked) x (hourly rate of annual salary).

---

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

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Signature of Donor or Representative

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JANUARY 2006

**X. B. MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL**

Not Applicable.

Agency Name:

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

<u>POSITION TITLE</u>	<u>EQUIVALENT HOURLY RATE(S)</u>	<u>HOURS WORKED</u>	<u>VALUE TO PROJECT</u>
1.			
2.			
3.			
4.			
5.			
<b>TOTAL VALUE TO AGENCY</b>			<b>\$</b>

Equivalent Hourly Rate(s) was/were determined by:

- ☐ Rates for comparable positions within own agency.
- ☐ State Employment Service estimate of rates for type of work.
- ☐ Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official

Date

JANUARY 2006